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ABSTRACT

This in-service education module is intended to facilitate mainstreaming of young children with special needs in child care centers by providing information and training in mainstreaming concepts and activities to child care center owners, operators, and personnel. Guidelines for instructors in preparing for planned sessions are followed by a summary of intended outcomes and a glossary of relevant terms. Each of the 10 intended outcomes is then presented along with related performance objectives, activities, and resources (print and audiovisual). Among the topics explored in in-service activities are adaptations in the child care setting, child development and behavioral indicators of special needs, communicating with parents, individual differences and similarities, and mainstreaming-related management issues of concern to owners and operators of child care centers. Specific disabilities discussed include mental retardation, hearing and communication disorders, visual impairment, and movement disorders. Approximately half the document consists of the print resource handouts cited in the activities section of the module. References and a course evaluation form conclude the document. (JW)

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MAINSTREAMING WORKS!
VOLUME I
CHILD CARE WORKER
IN-SERVICE EDUCATION MODULE
SPECIAL NEEDS CHILD CARE TRAINING

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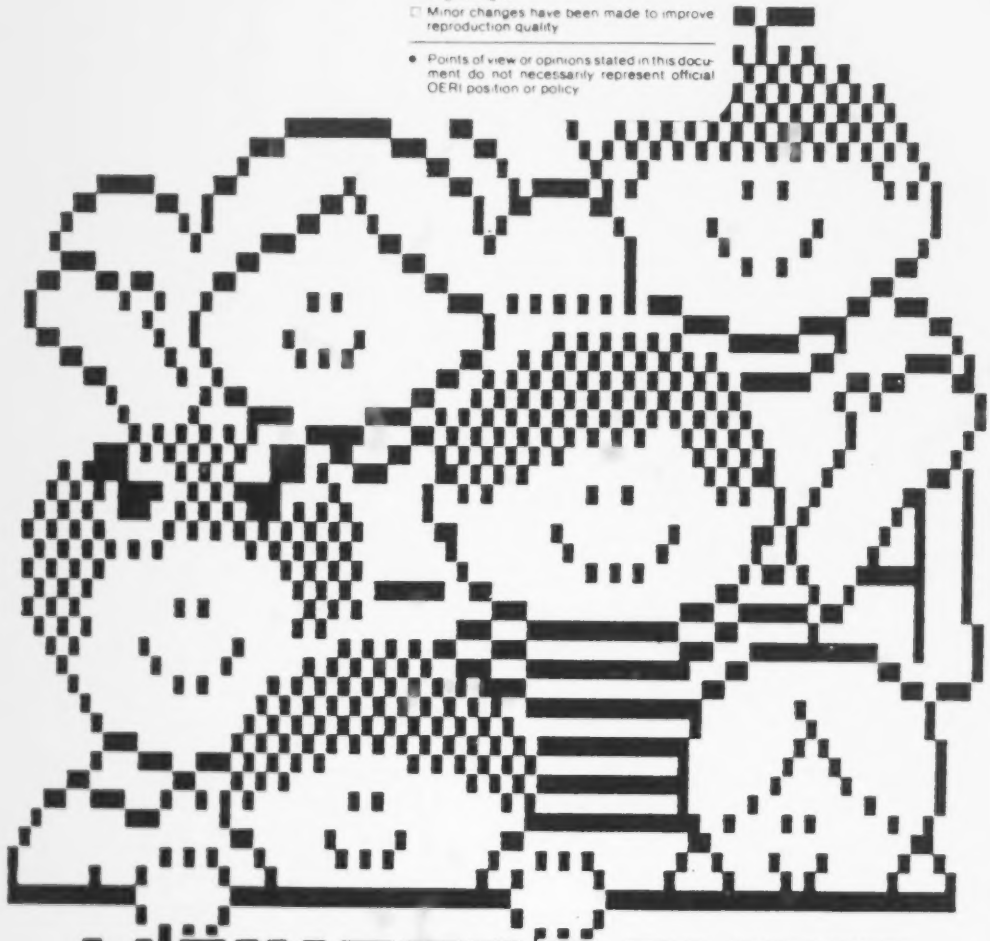

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June 1986

MAINSTREAMING WORKS!

VOLUME I

CHILD CARE WORKER

IN-SERVICE EDUCATION MODULE

SPECIAL NEEDS CHILD CARE TRAINING

The development of this material was supported in part by a grant to IMPACT, Inc., from the Department of Health and Human Services, Administration on Developmental Disabilities; and the Florida Developmental Disabilities Planning Council.

MODULE: Special Needs Child Care Training

VOLUME I

MAINSTREAMING WORKS!

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INTRODUCTION

This publication is the result of a collaborative effort between the State Department of Health and Rehabilitative Services, Children, Youth and Families Program Office, and the Developmental Disabilities Planning Council, through a grant to the Impact, Inc., Child Care Project, Ft. Myers, Florida.

The intent of the grant was to increase the child care options available to parents of children with special needs, a goal which has been furthered greatly by this collabrative effort.

The major purpose of this module is to facilitate mainstreaming of children with special needs in child care centers through providing basic training in mainstreaming concepts and activities to child care center owners, operators, and personnel. In addition, participants are strongly encouraged to use local resource help in implementing mainstreaming in their child care centers.

ACKNOWLEDGEMENTS

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SPECIAL NEEDS CHILD DAY TRAINING MODULE
GUIDELINES FOR INSTRUCTORS

Time Before Class

3 Months

- Purchase folders with envelopes for use at resource tables.
- Using your own form letter or the one provided, request the necessary resource table pamphlets from all accessible agencies which deal with special needs children. Be sure to include Autism, Spina Bifida, Emotional Disturbances, Epilepsy, ARC, Early Intervention Program, UCP, Cystic Fibrosis, Muscular Dystrophy, and Down Syndrome.
- Contact the Florida Diagnostic Learning Resource Center (FDLRS) to borrow examples or curricula and resources for teaching children with special needs.
- If you wish, invite parents, of children having special needs and local resource people to attend the last ½ hour (Resource Table) of the last class session.

2 Months

- Arrange for use of room, and VCR, blackboard or markers and flipchart.
- Contact guest speakers to cover topics outside of your own specific area of expertise. Suggested speakers are listed with Intended Outcomes.
- Obtain child observation videotape thru HRS/CYF. If observation of children with special needs through a one-way mirror will be subsituted for child observation videotape, make necessary arrangements for this.
- Assign a specific telephone number and person to handle registration. Ask child care personnel to bring a copy of their daily schedule and lesson plan, and other center policies regarding referring a child who is suspected of having a developmental problem. Have participants bring a bag lunch if an all day session is scheduled.

Time Before Class

1 Month

- Review child care resource sheets in areas of focus. Decide what specific 4 techniques, toys or adaptations you which to highlight, and collect the necessary materials. An example of a set of 4:

  Communication Disorders - A short song in sign language
  A cookbook holder stand
  Hearing Aids

  Motor Disorders - Scooter board, corner chair
  Visual Impairments - Feely Box

  Mental Retardation - Shirts, coats or a multiple function puzzle for Task Analysis demo.

- Based on number of child care personnel registered, schedule enough aides to maintain an instructor - child care worker ratio of 1:15. Discussion of beliefs survey and role plays are timed for groups of no larger than 15, although most other sections can be administered to group as a whole. When very large groups are taught, make sure to have multiple copies of child observation videotape and VCRs available, so everyone can see clearly.

- If budget allows, arrange for coffee, juice and refreshments at meeting facility.

- Purchase name tags and insist on their use. First names in large block letters, and name of child care center.

2 Weeks

- Remind child care personnel to bring pen and paper.

- Be sure you have enough copies of all student materials. Review Instructor References and plan these brief lectures:

  Brief review of age-related normal development
  Brief review of concept of screening
  How to observe
  Setting limits

- Cut up "Watch Me" cards for use in watching videotape, "Matthew At Work and Play".

- Review Role Play cards. Decide which display you wish to demonstrate with a confederate (helper).

- On your Instructor's copy mark the mainstreaming activities you wish to include as warm-ups to each discussion of specific needs.

SUMMARY OF INTENDED OUTCOMES

1. Child care personnel will show an increased awareness of their own beliefs and attitudes about children with special needs.

2. Child care personnel will show how a child with special needs can be successfully mainstreamed into the child care setting.

3. Child care personnel will focus on observing child development and behavioral indicators of special needs.

4. Child care personnel will show an increased awarenss that good and confidential communication skills can aid in the success of mainstreaming.

5. Child care personnel will realize both the individual differences and similarities between children.

6. Child care personnel will become familiar with integration of children who have hearing and communication disorders.

7. Child care personnel will become familiar with the integration of children who are mentally retarded.

8. Child care personnel will become familiar with the integration of children who are visually impaired.

9. Child care personnel will become familiar with the integration of children who have movement disorders.

10. Child care personnel will focus on management issues concerning mainstreaming of special needs children.

HELPING PROFESSIONALS

1. **Audiologist** - Specializes in the screening and diagnosis of hearing problems and may recommend a hearing aid or treatment program for children with hearing problems.

2. **Occupational Therapist** - Evaluates and works with children who have problems with fine motor skills (such as drawing, cutting and pasting) and self-help skills which include feeding, dressing toileting and washing. The aim of this program is to promote self-sufficiency and independence for the child in these areas.

3. **Ophthalmologist** - A physician who specializes in the diagnosis and treatment of disease, injuries or birth defects which affect the eyes and vision.

4. **Orthopedist** - Physician who specializes in the screening, diagnosis and treatment of disease and injuries affecting the muscles, joints and bones.

5. **Physical Therapist** - Evaluates and plans exercise programs. These programs are individually designed to strengthen gross motor skills such as walking, sitting and shifting position. The therapist also teaches children how to use equipment to assist with movement such as wheel chairs, braces, and crutches.

6. **Speech Therapist/Pathologist** - Specialist who conducts screening, diagnosis and treatment of children with communication disorders.

GLOSSARY OF TERMS

Adaptive Behavior - Actions that are appropriate to the situation which shows the child's ability to change a specific behavior to adapt to the demands of a particular situation.

Ambulation - The ability to move from place to place independently.

ARC - Association for Retarded Citizens

Autism - Neurological condition in which a child has severe problems in communication and behavior. Children with autism are unable to relate to adults or other children in a normal manner. There is no cure for autism, however there are different treatment programs that can help the child who has autism. Through participation in an early intervention program, this child can learn to speak, take care of personal needs and act approriately in social situations.

Cause of Autism: Cause of Autism is not known

Characteristics of Autism include:

- o withdrawal from contact with others
- o very poor social relationships
- o may exhibit behavioral problems which may include repetitive or aggressive behaviors
- o abnormal responses to sensations
- o serious impairment in general intellectual functioning
- o speech and language difficulties

Braille - A system of writing for individuals who are blind that uses characters made up of raised dots.

Cerebral Palsy - Injury to the brain which affects the control of movements. How severely the child is affected depends on how much damage has occurred in the brain and which muscles in the body have been affected by the brain damage. There is no cure for cerebral palsy, however with early intervention from physicians, physical therapists, speech

therapists and other professionals, a child's ability to function to his or her maximum potential will greatly increase.

Cause of Cerebral Palsy: The cause of Cerebral Palsy is not always known, however the following factors may contribute to a child having Cerebral Palsy:

- o infections during pregnancy
- o RH factor incompatability
- o complications during delivery
- o injury or infection

Types of Cerebral Palsy include:

- o **Athetoid** - Characterized by involuntary, uncontrolled motion
- o **Ataxic** - Characterized by a disturbed sense of balance and depth perception
- o **Spastic** - Characterized by tense, stiff contracted muscles

Cognitive Functioning - Ways in which children learn about and understand concepts and ideas. Children must understand and know about concepts before they can talk about them.

Communication Disorder - Speech or language impairment involving problems with speaking or understanding.

Types of Speech Impairments include:

- o **Articulation Disorder** - The child's production of speech is very different from that of other children who speak the same language. Articulation problems may range from mild, moderate to severe.
- o **Stuttering**- Speech impairment in which the normal flow and rhythm of speech is interrupted. Stuttering may range from mild, moderate to severe.

- **Voice Disorders** - Involves the loudness, pitch or quality of the voice. The voice may be horse, raspy, strained or nasal. The child's voice may be too loud or may be as quiet as a whisper.

Types of Language Impairments include:

- **Receptive** - The child has difficulty in understanding the spoken language. The child may not understand anything said or may understand single words, but not whole sentences or directions. These problems may be mild and not easily noticable or so severe that the child appears to understand almost nothing.

- **Expressive**- Impairment that interfers with speaking. This child will probably have a limited vocabulary or in more severe cases the child may not speak at all.

Cystic Fibrosis - Inherited condition in which the mucous glands, including those in the lungs secrete very sticky mucous resulting in digestion and breathing problems. Children having this problem have difficutly in the digestion of food, because it affects the production that helps break food down. Children having Cystic Fibrosis experience frequent espisodes of pneumonia because of the build-up of mucous in the lungs.

Developmental Disability - Mental, physical or emotional condition which effects the normal development of a child and is manifested during the development period (before age 22).

Down Syndrome - Genetic disorder which occurs before birth resulting from improper chromosomal division. This causes physical and mental delays. Children with Down Syndrome may have mild, moderate or severe mental retardation.

Characteristics of a child with Down Syndrome may include:

- o flattened facial features
- o folds at inner corners of eyelids
- o short neck
- o small mouth
- o small head
- o heart disorders in about 40% of these children
- o speech delays

Early Intervention - Providing programs and services for children with developmental delays from birth through five years of age. These programs are individualized for each child with treatment plans addressing the child's developmental needs. Speech, physical and occupational therapy are provided as needed which will strengthen different developmental areas which include fine and gross motor activities, self help skills, communciation skills and socialization. Through early intervention, the child will be better able to maximize his or her developmental potential.

Emotional Disturbances - An abrupt break, slowing down or postponement in developing and maintaining meaningful relationships with other persons, and/or in developing a positive and true sense of self. The child who is emotionally disturbed may or may not be considered developmentally disabled, depending on whether his or her learning, self direction, self care or capacity for independent living also is affected. Through early intervention and treatment from psychiatric therapy, counseling and in some cases medicine, positive improvement in a child's behavior is possible.

Cause of Emotional Disturbances: The exact causes of Emotional Disturbance are not completely known.

Characteristics of Emotional Disturbance include:

- o **Withdrawn Behavior** This child's spends most of his or her time away from the group. The child appears to feel uncomfortable when people or activities get too close. A child who is withdrawn is usually uncomfortable when faced with a situation he or she doesn't know how to handle especially if it is a new experience. The child who is withdrawn seems to have few interests and frequently needs self comfort in the form of thumb - sucking, rocking, or pulling on their hair or ears.

Anxious Behavior - A child is so anxious for a long period of time that he or she is unable to concentrate on anything other than their fear or a specific situation. An example would be fear that something will happen to the child's family. This anxious behavior may be centered around one object (dogs, school, trains) and may become so limiting to the child that he or she is unable to function normally. An anxious child often looks worried and cries a lot. Some children will bite their nails, or frequently blink their eyes. The anxious child may be awkward or overly cautious. This child is eager to do well and not make mistakes.

o **Aggressive Behavior-** This child has angry outbursts, hurts others or may destroy toys and other objects. The child who is disturbed will react to others in forceful ways (hitting, biting, scratching, kicking) or through verbal aggression (shouting, screaming and name calling). A child may act out with anger only in certain situations, (when the child can't have a toy) or during times of stress (when the child is tired or has been confined to a small area for a long time). A child who shows extreme aggressive behavior is deeply angry and very suspicious of others. Through this behavior a child is actually covering up his or her sense of fear, vunerability and inferiority.

o **Hyperactive Behavior -** A child who show's this type of behavior is constantly on the move and is often over excited. This child cannot wait for explanations or turns and has difficulty in relaxing to watch or listen to what is going on. The hyperactive child has extreme mood swings and behavior is very inconsistent which may result in difficulty in relationships with others.

Epilepsy - Sudden temporary excess of energy in the brain which interrupts ("short circuts") normal activity and results in a seizure. Epilespy is not contagious and more than 80% of the cases can be successfully controlled with medication.

Cause of Epilepsy: Often the cause of epilepsy is unknown, however the following factors may contribute to a child having epilepsy:

- o head wounds
- o chemical imbalance
- o brain injury before, during or after birth
- o childhood fevers
- o poor nutrition

Types of Epileptic Seizures include:

- o **Petit Mal** - Characterized by "blank spells", losing awareness, slight twitching, staring and blinking. This form of seizure is most common in children from 6-14 years of age and only lasts for a few seconds.
- o **Grand Mal** - Characterized by falling, loss of consciousness, stiffening, shaking of the entire body and irregular breathing. This type of seizure may last for several minutes and occur frequently or very rarely.
- o **Psycho Motor** - Characterized by a period of mental confusion followed by pointless or repetitive movement, pain or dizziness.

Hearing Aid - Mechanical aid used to make sounds louder. The effectiveness of the hearing aid depends on the severity of the hearing loss.

Hearing Impaired - The degree of hearing loss a child has. A child is considered to have a hearing disability if he or she is hard of hearing or deaf. The hearing loss may be mild, moderate, severe or profound.

- o **Hard of Hearing** - Hearing capability is impaired, however with the use of a hearing aid, the child will usually be able to function in every day situations.

- **Deaf** - Hearing capability is so impaired that a child is unable to use it in everyday situations with or without a hearing aid.

Types of Hearing Losses:

- **Conductive Hearing Loss** - Occurs when there is a problem in the outer or middle ear which carries sound into the inner ear. This type of loss is less severe than a sensorineural loss and can usually be reduced or eliminated through medical treatment.

Causes of Conductive Hearing Loss:

- infections that fill the ear with fluid
- ruptured ear drum
- build-up of ear wax in the ear
- damage caused by a foreign object
- allergies

- **Sensorineural Hearing Loss** - Occurs when there is a problem with the inner ear or with the nerves that carry sound to the brain. This type of hearing loss is permanent and more severe. It cannot be cured or reduced by medical treatment, however often this type of hearing loss can be helped by a hearing aid.

Causes of Sensorineural Hearing Loss:

- diesease during pregnancy
- heredity
- childhood diseases: mumps, measles, chickenpox
- viral infections
- physical damage to head or ear
- excessive intense noise

Individualized Education Plan (IEP) - A written plan that states a child's present level of functioning and an outline of the developmental goals that a child should be working toward achieving. Each child is given tasks to work on in the following areas: fine and gross motor, communication, self-help, cognitive, and socialization.

Integration - Education of children with special needs with non-handicapped children to the maximum extent appropriate.

Learning Center - One area of interest such as music, art, math, language art and woodworking in which the teacher prepares the environment in which the child can freely explore.

Learning Disabilities - Problem with understanding and using written or spoken language. This handicap is often referred to as invisible and is difficult to diagnose. Children with learning disabilities most often have average or above average intelligence. These chidren may often develop behavior problems and may become disruptive at home, in child care centers and in school. With an early diagnosis, and early intervention by special educational, medical and social services professionals most children having a learning disability will lead normal productive lives.

Cause of Learning Disabilities: There is no known cause.

Warning signs of possible Learning Disabilities:

- o child does poorly in reading, spelling, writing or artithmetic, even though teachers strongly feel that the child could do better if he or she tried harder.
- o child is poorly coordinated, clumsy and awkward. The child has difficulty in writing, tying shoes or catching balls.
- o child is confused in language, speech or following directions.
- o child is usually forgetful or doesn't pay attention.

Mainstreaming - Helping children with different types of handicaps live, learn and work in everyday situations where they are given the opportunity to become as independent as possible. This process includes placing handicapped children with non-handicapped children in child care centers, classrooms, recreational activities and other situations where they can learn and share the same experiences as other children their own age.

Mental Retardation - An overall slowness in development. The intelligence of a child who is mentally retarded is well below that of the average population which results in the child's learning capability being below average, as well as affecting the child's social relationships and future ability to work.

Degree of Mental Retardation:

- **Mild Retardation -** Children who are midly retarded will learn considerably slower than other children of the same age. These children will do better with gross motor activities, but will have some trouble speaking and coordinating use of their eyes and hands. They will be able to learn most of the activities, however will probably require more assistance and time to complete an activity or task.

- **Moderate Retardation -** Children who are moderately retarded will be further behind in all areas of development. These children will often be very clumsy and very delayed in their speech development. A child who is moderately retarded behaves like a child who is half his or her age and needs to be shown serveral times how to do an activity or task. Use simple language in working with these children and break down activities into small parts.

- **Severe Retardation -** These children require assistance with all of their daily needs. Many children will have special problems with movement and feeding and will require the assistance of an occupational therapist or a staff member trained to work with the child's individual needs.

Causes of Mental Retardation:

- o illnesss or infection
- o injury during pregnancy
- o injury during the birth process
- o genetic factors
- o sometimes the specific cause is unknown

Muscle Tone - Firmness of muscles, if the muscles are considered floppy, it means the muscles are weak or loose. Muscles may also be rigid or stiff.

Muscular Dystrophy - Progressive degeneration of the muscles that are used for moving and maintaining posture. This is usually, but not always, an inherited condition. The muscles that are affected, the rate at which the muscles are destroyed and the type of dystrophy the child has determines how long a child with Muscular Dystrophy will live. There is no known cure or treatment for this disease.

Orientation and Mobility Training - Training for children with a visual loss which enables them to move about safely and indepently, as well as having the ability to freely experience the world around them. Blind children are taught how to protect their bodies in independent movement and to function without the assistance of others.

Sign Language - Communicating by using specific hand movements that have a particular meaning.

Special Education - Edcational programs provided to children with developmental disabilities which address specific areas in which the child may be developmentally delayed, as well as providing instruction in academics.

Types of special education programs include:

- o **Integrated Classroom -** Usually offer a special class for a specific problem in a regular school. The children are in this class for only part of the day and will join other students for some school subjects. For example, a child

who is mentally retarded may attend a "special class" for academics, but join other students without disabilities for art, physical education shop or music.

- **Itinerant Programs** - Will serve a child with a special need who is capable of attending a regular school program. For example, a child who is blind, however reads, writes and types in braille, will need assistance from a specialist to help secure educational materials that are in braille or transcribe necessary materials. This child attends regular school with other students and participates in most school functions and activities.

- **Segregated Schools** - Children with all types of physical and mental disabilities within a given geographical area attend school in a facility which offers educational programs and services specifically designed for children with developmental disabilities.

- **Segregated Classroom** - These classrooms are located within a regular elementary or secondary school and are for children who have the same or similar developmental disability. For example, children who are mentally retarded will attend a regular school, but will be in a "special class" with other children who are mentally retarded and be taught by a specially trained teacher. They will be in this class for the full day.

Spina Bifida - Is often called open spine. It occurs when the bone fails to completely enclose the spinal cord. When one or more of the bones of the spine fail to close an opening is created in the spinal column. The nerve tissue in the spinal column can then slip through this opening forming a sac that sticks out of the body. Spina Bifida is usually identified at birth and an operation can repair the sac making it less visible. However, the operation does not correct the damage that has been done to the nerves. The effects of Spina Bifida varies. The location of the opening and whether the cord comes out from it will determine the

severity of damage. Many children with Spina Bifida have average to above average intelligence and have been very successfully mainstreamed into a regular public school setting.

Cause of Spina Bifida: The cause of Spina Bifida is not known

Characteristics of mild Spina Bifida:

- o weak muscles
- o some loss of feeling in the skin

Characteristics of moderate to severe Spina Bifida may include:

- o child may be paralyzed in the legs
- o no bladder and bowel control
- o no skin sensations in the lower part of the child's body
- o possible seizures
- o learning disabilities resulting form perceptual difficulties and/or damage to the brain
- o motor difficulties in the arms and hands and possible slowness in performing certain tasks
- o some children who have Spina Bifida may also develop a condition called Hydrocephalus:

- o **Hydrocephalus** - Too much spinal fluid builds up in the brain and if left untreated the pressure from the fluid can damage the brain. However, this can be prevented by surgery that places a shunt (tube) in the child's head. The shunt directs the excess fluid away from the brain into another part of the body from which it can be eliminated.

Stabilization - Support provided to the body of a limb to help specific movement.

Task Analysis - Teaching technique which works very well with mentally retarded children. This method involves breaking down a task or an activity into small consecutive steps and teaching and practicing with the child each step until the child can complete the activity.

UCP - United Cerebral Palsy

Vision - Process that involves seeing with the eyes and interpreting what is seen with the brain.

- o **Central Acuity** - Ability of the eye to preceive the shape of objects in the direct line of vision.

Visual Acuity - The ability to see clearly.

Visual Impairment - Partial or total loss of sight. Through early intervention and the assistance of visual aids a child who has a visual impairment may lead a normal and productive life and be able to function independently of others.

Causes of Visual Impairment:

- o disease
- o illness during pregnancy
- o injury or accidents
- o defects in the shape of the eye
- o loss of functioning in various parts of the eye

Two major types of Visual Impairments are:

- o **Partial Sight -** A child is considered to have partial sight if standing at a distance of 20 feet he or she can identify the same size letter or symbol that the child with normal vision can identify at 70 feet.

- o **Blindness -** A child is considered blind if any one of the following exist: a) child is sightless or has such limited vision that he or she must rely on hearing and touch as the primary means of learning and experiencing the environment around them, b) a determination of legal blindness in the state in which the child lives has been made, and c) central acuity does not exceed 20/200 in the better eye with correcting lenses or whose visual acuity is greater than 20/200; which means that a child who is blind sees the same size letter or symbol at a distance of 20 feet that a child with normal vision would see at 200 feet.

Children may also have other visual problems which include:

- o **Color Blindness -** Inability to recognize the differences in color; usually for red or green, rarely for blue or yellow.

- o **Hyperopia -** Farsightedness; a child will have difficulty seeing items or objects at a distance.

- o **Myopia -** Nearsightedness; a child will have difficulty seeing items or objects at a distance.

- **Strabismus** - A condition in which the eye turns or squints due to a muscle or sight disturbance. The child's eyes will look crossed.

Children with visual handicaps often display certain mannerisms. They include:

- shifting weight from one foot to another
- rocking their body
- turning their head more or less rapidly
- non-stop tapping of themselves, toy or object
- seemingly inappropriate hand-clapping and tongue licking.

MODULE: SPECIAL NEEDS

I. Intended Outcome: **Child Care personnel will show an increased awareness of their own beliefs and attitudes about children with special needs.**

Performance Objectives	Activities	Resources
Child care personnel will be able to:		
o Demonstrate a basic understanding of the right of children with special needs to be mainstreamed.	Show slide/tape presentation of children with special needs being successfully mainstreamed into child care centers with children who do not have a disability.	"Mainstreaming Works"; a slide/tape presentation, Source: IMPACT Child Care Project and Children, Youth and Families Program Office, Department of Health and Rehabilitative Services.
	Separate the class into two groups, either by numbering around or by brown-eyed and other people. Pass out sheets of paper to all students. Allow one of the two groups a five minute break, while the other group remains seated and writes, I AM DISABLED OR I AM RETARDED 25 times on a sheet of paper. Call entire group back together. Discuss feeelings of inclusion and exclusion. Repeat any negative comments voiced by the personnel who had to stay and write. Relate to experiences of children denied access to child care, play groups, and after school activities because of special needs.	
	Re-define concept of MAINSTREAMING.	

MODULE: SPECIAL NEEDS

I. Intended Outcome: **Child Care personnel will show an increased awareness of their own beliefs and attitudes about children with special needs.**

Performance Objectives	Activities	Resources
Child care personnel will be able to:		
o Define "special needs" children.	Hand out Glossary of Terms to explain terms listed in module.	Glossary of Terms.
o Be familiar with the basic categories of disabling conditions.		
o Identify their own attitudes toward children with special needs.	Administer attitude survey to child care personnel. Have each person score his or her own survey.	Resource #1 "Survey of Beliefs about Handicapped Children", Source: Project FEED.
	Ask each student to mark the statement he or she felt most strongly about either in agreement or disagreement. Then, give each person a few minutes to explain his or her choice and introduce himself or herself. Have each student discuss any personal experience with children who have special needs. Groups of over 15 students should be divided into subgroups for discussion.	

II. Intended Outcome: **Child care personnel will show how a child with special needs can be successfully mainstreamed into the child care setting.**

Performance Objectives	Activities	Resources
Child care personnel will be able to:		
o Objectively observe and record a child's behavior in the child care setting.	Assuming that a center has accepted a child with special needs, guide child care personnel as they integrate the child into the daily schedule.	Resource #2 "How to Observe", Source: Head Start Mainstreaming Preschoolers series.
	Briefly discuss "How to Observe", empahsizing recording only observed behaviors, rather than inferences.	Resource #3 "Observing A Child", Source: IMPACT Child Care Project.
o Plan the integration of a child with special needs into a child care center's standard daily schedule.	Separate personnel into five groups of equal size. Pass out "WATCH ME CARDS" to each group. Have each person copy pertinent information onto an "Observing a Child" form. Circulate among groups to check for accuracy and completeness.	Resource #4 "Pack of Watch Me Cards", and separate list of questions. Source: IMPACT Child Care Project.
	Arrange for small group or individual observation of a child with a disability or show videotape. Keep observation time brief, no more than 10 minutes.	"Matthew at Work and Play" videotape, Source: IMPACT Child Care Project.

MODULE: SPECIAL NEEDS

II. Intended Outcome: Child care personnel will show how a child with special needs can be successfully mainstreamed into the child care setting.

Performance Objectives	Activities	Resources
Child care personnel will be able to:		
Plan the integration of a child with speical needs into a child care center's standard daily schedule.	After observations give a few minutes for students to complete notes. Then guide in listing child's strengths and weakness in each general area of functioning. Using a daily schedule from a child care center, assign each small group the task of deciding exactly how the child of their choice would be handled during that period. Have a recorder from each group report results to the group as a whole. Emphasize the case of integration. Allow resource handout to guide discussion of relevant issues as you arrange the day of the child you've observed.	Resource #5 "Daily scheduling for the Child with Special Needs", Source: IMPACT Child Care Project.

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II. Intended Outcome: Child care personnel will show how a child with special needs can be successfully mainstreamed into the child care setting.

Performance Objectives	Activities	Resources
Child care personnel will be able to:		
o List simple ways to modify existing chairs, tables, toys, and activities for use by children with special needs.	While class is describing the mainstreaming of the child who was observed, instructor should keep a running list of modifications suggested by the class. Be sure to include methods of stablizing a classroom chair or potty seat, holding a child into a chair, securing a toy to a table top, enlarging knobs or grips on toys or spoons, and the use of mats or quilts for outdoor play.	Resource #6 "Mainstreaming in Child Care: Simple Adapations", Source: Handling the Young Cerebral Palsied Child At Home.

MODULE: SPECIAL NEEDS

III. Intended Outcome: Child care personnel will focus on observing child development and behavioral indicators of special needs.

Performance Objectives	Activities	Resources
Child care personnel will be able to:		
o Understand that there are age - linked stages of normal development.	Distribute and briefly review Resource #7, "Normal Growth and Development".	Resource #7, "Normal Growth and Development", Source: CYF Program Office, Department of Health and Rehabilitative Services.
o Identify child behaviors which may indicate special needs.	Distribute and briefly review Resource #8, "Identifying Children with Special Needs. Reinforce the need to be behaviorally specific when communicating about a problem in the child care setting.	Resource #8, "Identifying Children with Special Needs", Source: Miami-Dade Community College, South Campus.
o Identify their own center's policy regarding procedures to be followed when a problem is observed.	Compile on a blackboard a brief list of procedures for reporting observed problems that are followed in the child care centers of those attending this training session. Include a list of the information that will be requested by an outside agency if a child is referred.	Resource #9, "Information for Caregivers", Source: IMPACT Child Care Project.

IV. Intended Outcome: Child care personnel will show an increased awareness that good and confidential communication skills can aid in the success of ma nstreaming.

Performance Objectives	Activities	Resources
Child care personnel will be able to:		
o Be aware of the importance of frequent, positive communication with parents.	In group discussion, list information about the child that only the parent would know.	
o Understand the legal right to confidentiality which is held by parents.	Discuss the importance of maintaining confidentiality when problems are observed or remediated in the child care setting, as well as, the center's responsibility to obtain parental consent before initiating a referral.	
o Identify a variety of ways in which parents can be kept informed of their child's activities.	List formal methods of communication; for example, conference, Open House. List informal methods of communication; for example, phone calls, notes home, sending home children's work.	Resource #10, "Parent Involvement", Source: Miami-Dade Community College, South Campus.
o Understand that there is a difference in communicating with parents of previously and newly identified children with special needs.	List possible objections to mainstreaming that may be voiced by parents of children with special needs, as well as other parents.	

MODULE: SPECIAL NEEDS

IV. Intended Outcome: **Child care personnel will show an increased awareness that good and confidential communication skills can aid in the success of mainstreaming.**

Performance Objectives	Activities	Resources
Child care personnel will be able to:		
o Recognize that not all parents will fully accept the benefits of mainstreaming.	Role play concerns which parents may have about mainstreaming. Hint: Begin roleplay's by demonstrating between yourself and another instructor or motivated student.	Resource #11, Role Playing Cards; "Parent Attitudes Toward Mainstreaming", Source: IMPACT Child Care Project.
o Be aware that individual differences exist among all children.	Individual Differences Activity: If no names or identification numbers were allowed, how would you identify yourself as different from all other people? Go around room, and ask each person to provide an identifying characteristic. Have a recorder list these as they are said. Allow no repeats. Save list for introduction of next Intended Outcome.	

MODULE: SPECIAL NEEDS

V. Intended Outcome: **Child care personnel will realize both the individual differences and similarities between children.**

Performance Objectives	Activities	Resources
Child care personnel will be able to:		
o Identify behavioral similarities between all children.	Refer to list generated in Individual Difference Activity.	
	Distribute and review Resource #12, "Commonalities".	Resource #12, "Commonalities", Source: Children Can't Wait, Early Intervention Guide.
o Communicate rules and limits to children with special needs in the same way as these are established for all children.	Emphasize material on setting limits from Resource #12, "Commonalities" and principles of behavior management outlined in instructor's reference on behavior.	Instructor: "Behavior", Source: When You Care for Handicapped Children.

VI. Intended Outcome: Child care personnel will become familiar with integration of children who have hearing and communication disorders.

Performance Objectives	Activities	Resources
Child care personnel will be able to:		
o Demonstrate an increased awareness of experiences of children who have hearing or communication disorders.	Lead class through one or two of the Mainstreaming Awareness Activities.	Resource #13 Child Care Resource Sheet: "Hearing and Communication Disorders", Source: IMPACT Child Care Project.
o Understand basic facts and terms used in referring to children who have hearing or communication disorders.	Review definitions of "Terms you Should Know" on Teacher Resource Sheet.	
o Demonstrate teaching techniques and adaptations of material useful in caring for children who have hearing or communication disorders.	Review teaching techniques and adaptations on Child Care Resource Sheet.	Resource #14, "Care of the Hearing Aid", Source: Lee and Pinellas County School Systems.
o Know where to go, both locally and on the state level, for more help in mainstreaming a child who has a hearing or communication disorder.	Review local and state level agencies on Child Care Resource Sheet. Refer child care personnel to Resource Table.	Resource Table

VII. Intended Outcome: Child care personnel will become familiar with integration of children who are mentally retarded.

Performance Objectives	Activities	Resources
Child care personnel will be able to:		
o Demonstrate an increased awareness of the experiences of children who are mentally retarded.	Lead class through one or two of the Mainstreaming Awareness Activities.	Resource #15 Child Care Resource Sheet: "Mental Retardation", Source: IMPACT Child Care Project.
o Understand basic facts and terms used in referring to children who are mentally retarded.	Review definitions of "Terms You Should Know" on Child Care Resource Sheet.	
o Demonstrate teaching techniques and adaptations of materials useful in caring for children who are mentally retarded.	Review teaching techniques and adaptations on Teacher Resource Sheet.	Resource #16, "Task Analysis", Source: Project Head Start: Mainstreaming Preschoolers series.
o Know where to go, both locally and on the state level, for more help in mainstreaming a child who is mentally retarded.	Review local and state level agencies on Child Care Resource Sheet. Refer child care personnel to Resource Table.	Resource Table.

VIII. Intended Outcome: Child care personnel will become familiar with the integration of children who are visually impaired.

Performance Objectives	Activities	Resources
Child care personnel will be able to:		
o Demonstrate an increased awareness of the experiences of children who are visually impaired.	Lead class through the first one of the Mainstreaming Awareness Activities.	Resource #17, Child Care Resource Sheet: "Visual Impairments", Source: IMPACT Child Care Project and United Cerebral Palsy.
o Understand basic facts and terms used in referring to children who are visually impaired.	Review definitions of Terms You Should Know on Child Care Resource sheet.	
o Demonstrate teaching techniques and adaptations of materials useful in caring for children who are visually impaired.	Review teaching techniques and adaptations on Child Care Resource Sheet.	Resource #18, "Learing Centers", Source: When You Care For Handicapped Children.
o Know where to go, both locally and on the state level, for more help in mainstreaming a child who is visually impaired.	Review local and state level agencies on Child Care Resource Sheet. Refer child care personnel to Resource Table.	Resource Table.

IX. Intended Outcome: **Child care personnel will become familiar with the integration of children who have movement disorders.**

Performance Objectives	Activities	Resources
Child care personnel will be able to:		
o Demonstrate an increased awareness of the experiences of children who have problems in moving.	Lead class through one of the Mainstreaming Awareness Activities.	Resource #19, Child Care Resource Sheet: "Movement Disorders", Source: IMPACT Child Care Project.
o Understand basic facts and terms used in referring to children who have problems moving.	Review definitions of "Terms You Should Know" on Child Care Resource Sheet.	
o Demonstrate teaching techniques and adaptations of materials useful in caring for children who have problems moving.	Review teaching techniques and adapations on Teacher Resource Sheet.	Resource #6, "Mainstreaming in Child Care: Simple Adaptions", Source: Handling the Young Cerebral Palsied Child at Home.
o Know where to go, both locally and on the state level, for more help in mainstreaming a child who has problems moving.	Review local and state level agencies on Child Care Resource Sheet. Refer child care personnel to Resource Table.	Resource Table.

MODULE: SPECIAL NEEDS

X. Intended Outcome: Child care personnel will focus on management issues concerning mainstreaming of children with special needs.

Performance Objectives	Activities	Resources
Child care personnel will be able to:		
o Show an increased awareness of the concerns of owners and operators in mainstreaming children withe special needs.	Distribute and review "Management Issues and Mainstreaming".	Resource #20, "Management Issues and Mainstreaming", Source: Miami-Dade Community College, South Campus.
o Identify local resources available to aid owners and operators in their decision making process.	Ask child care personnel to contribute insights from their own contacts and experiences.	Resource #21, "Exchange of Information", Source: IMPACT Child Care Project.
	Distribute owner/operator's phamplet.	Resource #22, "Mainstreaming: Including Children With Special Needs in Child Care Centers", Source: IMPACT Child Care Project.
	Distribute letter to child care personnel regarding successfully mainstreaming a child with special needs in child care.	Resource #23, "Open Letter to Child Care Personnel", Source: Judy O'Halloran, parent.
	Discuss further training in mainstreaming children with special needs in child care centers available in your area.	

Resource #1

BELIEFS AND ATTITUDES ABOUT SPECIAL NEEDS CHILDREN

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. Handicapped children are more of a burden than a blessing.	SA	A	U	D	SD
2. Looking after handicapped children demands too much time.	SA	A	U	D	SD
3. A handicapped child should never be allowed to take the slighest risk.	SA	A	U	D	SD
4. A handicapped child needs to be hugged and kissed.	SA	A	U	D	SD
5. Some children are born handicapped and there is nothing you can do the help them.	SA	A	U	D	SD
6. Parents have little control over the way their handicapped children turn out.	SA	A	U	D	SD
7. Handicapped children should never go to the same school as normal children.	SA	A	U	D	SD
8. If parents have a handicapped child and a normal child, it would be best for everyone if they sent the handicapped child to a hospital.	SA	A	U	D	SD
9. It is unfair to let normal children play with handicapped children.	SA	A	U	D	SD
1o. It is a mistake to keep a handicapped child in the home with the rest of the family.	SA	A	U	D	SD
11. Handicapped children belong with their own kind.	SA	A	U	D	SD
12. When children are handicapped, there is nothing parents can do to help them.	SA	A	U	D	SD
13. Handicapped children play best with other handicapped children.	SA	A	U	D	SD
14. Handicapped children require much more strict watching than normal children.	SA	A	U	D	SD

Resource #1

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
15. It would be best to establish separate communities for the handicapped so that they would not feel out of place.	SA	A	U	D	SD
16. Handicapped children cannot do very much without help.	SA	A	U	D	SD
17. All handicapped children should be treated the same since they are different from normal children.	SA	A	U	D	SD
18. It is impossible to take care of handicapped children.	SA	A	U	D	SD
19. Handicapped children cannot be taught very much.	SA	A	U	D	SD
20. It is difficult to love a handicapped child very much.	SA	A	U	D	SD
21. Parents who have handicapped children are very unlucky.	SA	A	U	D	SD
22. Handicapped children are very loving and lovable.	SA	A	U	D	SD

Source: Project FEED, Philadelphia.

HOW TO OBSERVE

Observation is a technique of focused looking and listening to what people say and do. Using observation as a tool for learning about children involves being systematic, watching for patterns, and using the information.

Be Systematic

Your first step is to decide what you want to observe. Let's talk about about Michelle who doesn't say anything to you when she comes into the room each day. Since you know she has communication problems, you want to observe how she handles other activities that require such skills.

You next think of other activities that require listening, talking, or understanding. They might be following directions, playing with or talking to other children, listening to a story, participating in a song or game, getting people's attention, or asking you for help. You will want to observe Michelle when she is doing these things.

Your observation notes should include several kinds of information:

- What the activity is (for example, snack).
- What is happening around the child. ("The room was noisy and confused. At one end of the table, Karen spilled her juice. At the other end of the table, Aiko was picking a fight with Steven.")
- The details of what Michelle does in terms of communication skills. ("When Michelle got her juice, she said "Mine" and smiled. When the other children were talking and laughing, she giggled. When she wanted more juice she held up her cup and said 'More joo' in a loud voice. She showed her cracker to Janet and said 'Cooky.'")
- How the child is feeling. ("Michelle seemed pleased when the teacher understood her request for juice. She was annoyed when Janet said it was a cracker, not a cooky. Michelle seemed confused when the other children began to giggle.")

You continue to observe Michelle's communication skills regularly enough and long enough to get a sense of how she is functioning in this skill area.

Here are some general tips to help you be systematic as you observe.

1. **Note Details**

It is very important to write down specific, detailed observation that focus exactly on what the child does. For example, if you write down, "Michelle didn't answer when I asked if she wanted more juice," this could mean that she wasn't paying attention, was being stubborn, was involved in something else, was in a very noisy area, or a number of other possibilities. However, consider this version: "Michelle was seated in a quiet group of children. She was watching the teacher ask if anyone wanted seconds. The teacher called Michelle three times. Michelle looked at the teacher and the other children questioningly." These notes can be helpful to you, to parents, and to specialists in understanding the child's strengths and weaknesses.

For information to be useful to you and others, it must be specific.

2. **Write down the details as soon as possible**

Note down what you see as soon as possible, since it's easy to forget quickly the details of a child's behavior in a particular circumstance. Details are important: they describe a child's individuality. They are also the best indicators of a child's needs. When you take notes, try not to be obvious about it. Write them down away from the child.

3. **Plan a realistic schedule**

Your observations should be scheduled, just as your activities are. Observe and make notes as often as necessary to get a full picture of what the child does easily and has problems with in the skill area you are focusing on.

4. **Vary the settings in which you observe**

Children can behave differently in different activities and moods, so it's important to observe a child in a variety of situations. Observe the child on the playground and in the classroom. Observe the child as he or she plays alone, with other children, and with you and other adults. Observe the child when he or she is feeling happy, sad, tired, rested, friendly, and angry, because these feelings affect the child's behavior.

5. **Vary your observer role**

You might also try to vary your role as an observer. You can act as a spectator-observer, watching but not participating. For example, you can observe from the side of the room while another adult manages the classroom activities. Or you can be a participant-observer, taking part in the activity with the child. It is usually easier to observe as a spectator, so you might try this method first. Again, be careful not to call attention to yourself as you observe, otherwise the child might not act naturally.

6. **Start by observing one child at a time**

As you become more experienced in observing, you will probably find that you can observe more than one child at a time. It's best not to try to do this, however, until you are pretty sure you won't get confused, or miss or forget important information.

7. **Watch for Patterns**

Watching for patterns is an important part of observation. You may notice that a child sometimes forgets the name of a game, is quiet, or doesn't answer when you call. All preschool children do these things from time to time. What you want to know is whether the child often or always does these things. Carry a piece of paper and a pencil around with you and keep track for a few days. Be sure you are objective (factual) about your observations - try to keep your own feelings and reactions separate. In this way, you will be able to see the patterns that point to the particular skills with which the child needs help.

Going back over all the notes you have made can help you discover patterns you didn't see before. You should review your notes on a regular basis. The information in them can help you identify new skill areas and behavior you might want to find our more about, either by observing or by other assessment methods.

Source: "How to Observe"; Headstart, Mainstreaming Preschoolers Series

Resource #3

OBSERVING A CHILD

Child's first name: _____ Teacher: _____

Child Care Center: _____ Date: _____

Area of Observation:
(circle those which apply)

Social	Paying Attention	Thinking or Learning	
Communicating:	Talking or Gesturing Understanding Words	Self Help:	Feeding Toileting Dressing
Moving:	Use of Whole Body Use of Hands		Washing

Question to be Answered: _____

_____

Behavior to watch: (define in detail) _____

_____

_____

When and for how long did you watch? _____

What did you see? _____

_____

Source: IMPACT Child Care Project, Ft. Myers, Florida

WATCH ME CARDS

Question: How would you position the child for self-help skills?

Behaviors to watch for:

Positions in which the child uses hands best, ways in which parents help the child with "hand" tasks like puzzles:

Question: What social and emotional skills does the child show?

Behaviors to watch for:

Emotions - happy, sad, mad

Attachment - love for mom, others

Games/actions - bye-bye, arms up for "up" etc.

Resource #4

WATCH ME

Self Help #5

WATCH ME

Social Skills #6

WATCH ME CARDS

Question: How does the child communicate?

Behavior to watch for:

Asking for toys, help, to be picked up

Techniques parents use to discover what child wants:

Question: Does the child understand directions?

Behaviors to watch for:

Paying attention, looking when name is called, obeying simple directions

Resource #4

WATCH ME

Communication #3

WATCH ME

Cognitve/Receptive
Language #4

WATCH ME CARDS

Question: How does the child use his or her hands?

Behavior to watch for:

Picking up and putting in, dropping, turning wrist (knobs), coloring, stacking, and help needed.

Question: How does the child move around?

Behaviors to watch for:

Changes of position - stomach-back lying--sitting-lying

Movement forward, backward

Ways in which the child uses others to assist with movement

Resource #4

WATCH ME

Fine Motor #1

WATCH ME

Gross Motor #2

DAILY SCHEDULING FOR THE CHILD WITH SPECIAL NEEDS

General Rule: Place a child in a room as close to his or her same age peers as you can, as long as his or her special needs are being met. In other words, place in according to the child's age first, them his or her general level of skills, then his or her need for help with self care. Be flexible! Be willing to place a child with different groups during different activities or times of the day.

Toilet Training: Any child who routinely wears diapers can only be cared for in a center where diaper changing facilities exist. However, an older, non toilet trained child can be placed in a room with his or her peers and removed to be changed.

Meals and Snacks: Similarily, a child who can't feed himself or herself could have snack with his or her peers, fed by teacher or aide, but eat main meals with younger children who are fed individually in high chairs.

Ambulatory/Nonambulatory: Can the child walk? An older child who cannot walk may have a special chair. Special chairs require ramps. A child who does not walk is best placed in a center where a "floating" aide can be assigned specifically to that child in the event of a fire or other emergency. Many centers use maintenance and office staff in this way to handle evacuation of infants.

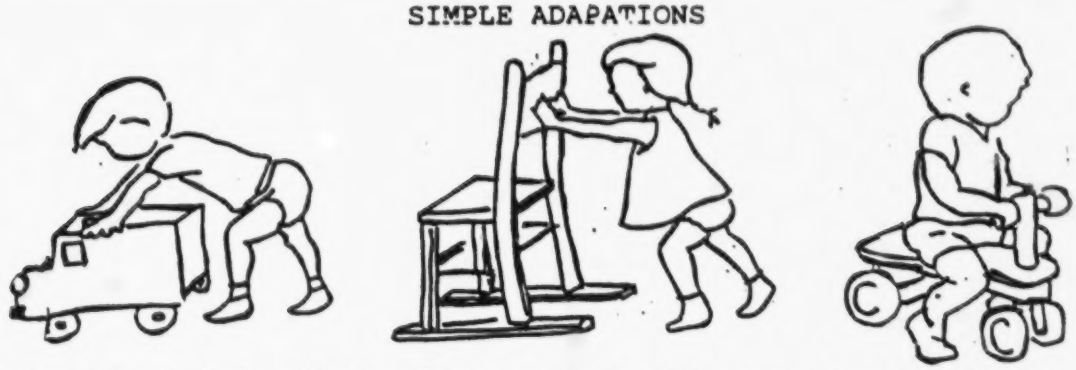
Outdoor Activities: Similarily, a child who can't walk may only be able to play outdoors in his or her chair, in a swing or riding toy, or on a quilt or mat on the ground.

Special Equipment: Does the child need special equipment for walking or riding, sitting, hearing or feeding? If so, it is best to arrange for a duplicate set of frequently used equipment to remain at the center. Long term loans of equipment are often available through agencies like the Association for Retarded Citzens (ARC). Special toys, activity kits, and other resources can be borrowed as well. However, emphasis should be placed on adapting and modifying what the center already has, rather than buying costly, low-useage equipment. Mainstreaming works without large added expenses.

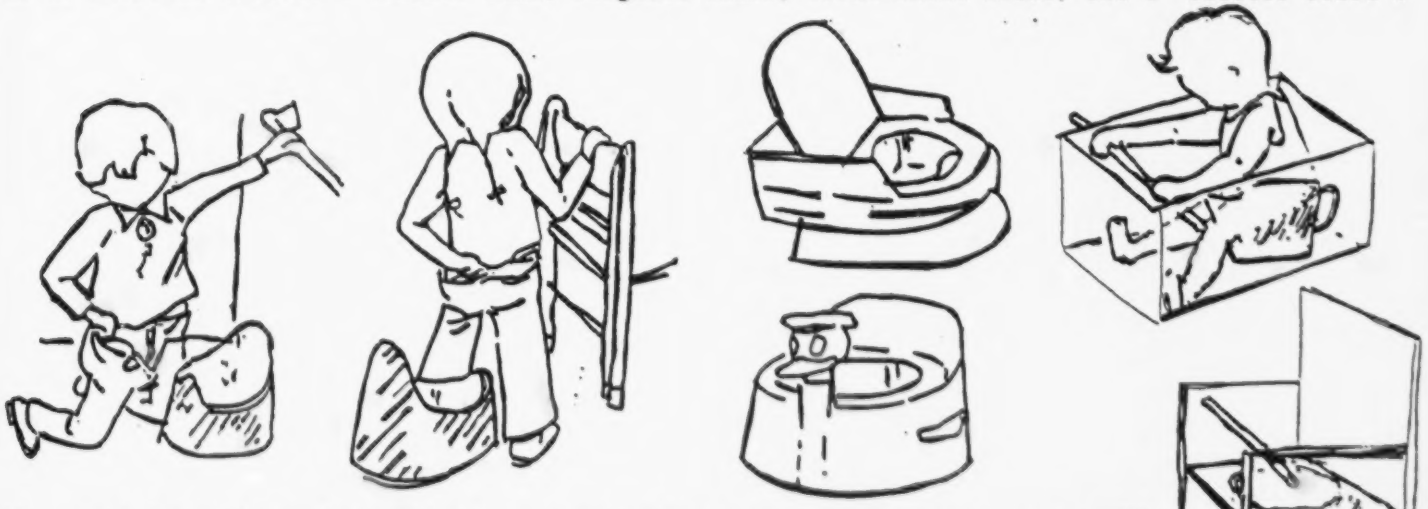
Medication: Follow the usual procedure for administration of medication at your center. When at all possible, arrange for family memebers to give a.m. and p.m. medications outside of school hours.

Source: IMPACT Child Care Project, Ft. Myers, Florida

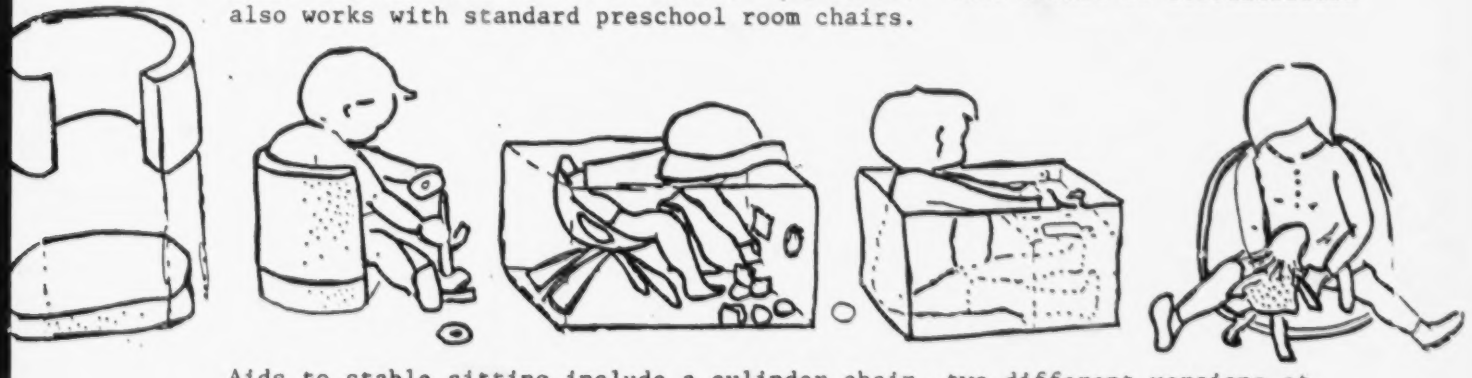
SIMPLE ADAPATIONS



Aids to movement include a Toddler Taxi, weighted chair, broad-based trike, and a "scooter board".



Toilet training aids include allowing a boy to kneel in front of the potty, providing a sturdy chair for pulling to stand up, using potty chairs with somewhat built-up sides, providing a grab bar in front of the seat, and using a "potty-in-a-box." Some older model commercially available chairs also have side rails. They can be stabilized easily by placing the 4 feet of the chair in small tin cans filled with cement or QuikCrete. This method of stabilization also works with standard preschool room chairs.



Aids to stable sitting include a cylinder chair, two different versions of "baby-in-a-box", made with regular cardboard boxes, two corner chairs, and a beanbag chair. All are commercially available or easy to make using inexpensive materials.

Source: Handling the Young Cerebral Palsied Child at Home

GROWTH AND DEVELOPMENT

	0-1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-6 years	6-7 years
PHYSICAL DEVELOPMENT	Turns toward sounds Listens to words Reaches and grasps objects Rolls, sits, climbs and walks(?) Eyes follow objects Builds tower with blocks Identifies individual objects as separate from others Searches for hidden object if he or she sees it hidden Reaches accurately for object as he or she turns away Throws ball	Turns pages of books Starts walking Throws ball overhand Manipulates objects which can be hazardous	Draws a circle Names body parts Names objects in pictures Runs Imitates building tower of 4 blocks	Swings and climbs Cutting and pasting Hops on one foot Copies circle and cross Pours well from pitcher	Counts 3 objects pointing to each in turn Skips and jumps Copies a square Catches and kicks bounced ball	Coordination to perform "stunts" Starts losing primary (baby) teeth Can lace shoes Fasten buttons copies square /triangle	Preoccupied with self Dowdles Active Extremes in behavior Evaluates self of skills Knows numbers to 30 Knows common coins Writes some numbers and letters backwards

GROWTH AND DEVELOPMENT

	0-1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-6 years	6-7 years
SOCIAL DEVELOPMENT	Enjoys cuddling and motion Smiles and talks to mirror Fear of strangers Waves hands Initiates play Initiates sounds	Plays by self Has preferred toy Throws and picks up objects Enjoys singing rhymes Indicates wants by gesturing	Plays by self starting to play with friend Takes turns Dramatizes	Imagination in play Has a special friend Completes activity Understands "big" and "little" Bossy	Tells creative stories Repeats rhymes, song, etc. Follows 1-2 commands Defines simple words Asks questions Can identify 3-4 colors Crying frequently	Opposite sexs play Enjoys rhythm games Greater ability to play nicely with others Plays well with children younger or older Less bossy Helpful Moments of jealousy Likes to play best with only one child Enjoys routine Works in short bursts of energy	Dependable Likes to help Demanding Wants approval Imaginative play Tattletale Poor group members Needs adult supervision Long conversations Understands rules Lying

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GROWTH AND DEVELOPMENT

	0-1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-6 years	6-7 years
TOYS/GAMES	Mirrors Mobiles Bells See-through toys Rattles Weighted toy Grip balls Soft blocks Activity boxes Cloth pitcure books Stacking rings	Push toys Cubes Cups Ragdolls Music Cloth book Pull toys Telephone Musical top Sand and water play Naming body parts	Clay Fingerpainting Blackboard Music Sand Wooden toys Simple puzzles	Musical instruments Games with numbers and letters Clay Cutting and pasting Transportation toys Floor trains Dress-up clothes	Puppets Toys with movable parts Drama Hammer and peg bench Easel and brushes Drum	Blocks Dolls Housekeeping toys Blackboard Sewing sets Needs and want real achievement. Want and need activities they can carry through to completion	Dress-up Painting Jigsaw puzzles Records Matching card game

GROWTH AND DEVELOPMENT

	7-8 years	8-9 years	9-10 years	10-11 years	11-12 years	12-13 years
PHYSICAL DEVELOPMENT	Very coordinated Fatigues often Fidgets and wiggles Lose teeth Complaints have validity	Healthy Enjoys stunts Greater speed and smoothness of fine motor skills Finger cut food/meat	More coordinated Does not tire readily Reaction time improving	Extremely active Sturdy and healthy Picky about food Rapid muscle growth	Active Lacks Judgement in activity and Likes to be a spectator Slouching posture is frequent Secondary sex characteristics	Clumsy Tires easily Greater strength and endurance time Love of adventure Good eye-hand coordination

GROWTH AND DEVELOPMENT

	7-8 years	8-9 years	9-10 years	10-11 years	11-12 years	12-13 years
SOCIAL DEVELOPMENT	Learn to lose Tattle-taling "Fighting" with playmates Forgets readily Thoughtful Good listener Sensitive Moody	Teary when tired Two sexes play separately Admits wrongs Greater self-esteem Respect for privacy Eavesdrops on adult conversations Doesn't like to play alone	Concept of family important Independent Competitive Fear of failure Works at length alone Self-motivated Has special friends Enjoys codes, passwords	Likes competitive games Conforms with peers Careless about personal appearance Sense of right and wrong Takes part in foolish capers, roughhhousing and practical jokes	Greater interest in personal hygiene Fears bodily injury, darkness and being alone Selfish Interest in group activities Hero worship Interest in opposite sex Accepts responsi-bility Capable of self-criticism Rebels against routines Disrespects adult decisions	Developing self identity Rebel authority Greater interest in opposite sex Peer group pressures Difficulty in communicating with adults Desires more freedom Uses maps Uses logic Interest in geography

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GROWTH AND DEVELOPMENT

	7-8 years	8-9 years	9-10 years	10-11 years	11-12 and 12-13 years
TOYS/GAMES	Crafts Drama Books	Paper dolls Self-reading books Puppets	Hobby collections Table games Outdoor sports Model sets	Pets Collections Active games - follow the leader flying kites, etc. Comics	Doing chores, crafts, and entertaining little children, older people or the infirmed can greatly help the self-concept and and esteem during these "clumsy years", but the activities and other efforts must be genuine and not not just junk or "busy work".

Source: Children, Youth and Families Program Office, Department of Health and Rehabiliative Serivces, Tallahassee, Florida

IDENTIFYING CHILDREN WITH SPECIAL NEEDS

When working with children we need to remember that each child develops at a different rate of speed. Sometimes what we see from a certain child is not slower development, but rather a signal that the child is having a problem. Some of these signals are:

POSSIBLE PHYSICAL DISABILITIES:

- Have difficulty with large muscle motor activities such as climbing stairs, crawling, riding a tricycle
- Frequently walking or bumping into things
- Show a lack of energy
- Have difficulty with activities such as building a tower of blocks

POSSIBLE VISUAL PROBLEMS:

- Have difficulty in seeing distant things clearly
- Hold toys or books very close to eyes
- Rub eyes frequently
- Blinking eyes often when doing work

POSSIBLE HEARING PROBLEMS:

- Have poor speech, omit sounds, loud voice
- Does not understand directions
- Does not answer when called
- Have trouble paying attention in large group activities
- Often give the wrong answer to the questions
- Avoid playing with other children
- Become tried early in the day

POSSIBLE SPEECH OR LANGUAGE PROBLEMS:

- o No speech by age two
- o Does not use two or three word sentences by age three
- o Difficult to understand after age three
- o Stutters after age five
- o Voice quality is poor
- o Have problems understanding what is said

POSSIBLE LEARNING PROBLEMS:

- o Cannot follow directions because they can't remember what was said
- o Frequently bumping into things, knocking things over
- o Unable to see difference in size, shape and color
- o Cannot remember what is seen
- o Cannot remember what is heard
- o Cannot tell the differences between sounds
- o Cannot tell the differences between textures

Source: Sim Lesser, Professor; Early Childhood Education Department, Miami-Dade Community College, South Campus, Miami, Florida

INFORMATION FOR CAREGIVERS

Child's Name: _____ D.O.B: _____

Date of Contact: _____ Address: _____

Phone - Home: _____ Work: _____

Parent's Names: _____

Briefly describe child's disability:

_____
_____
_____
_____

Check highest appropriate level in each category:

WALKING: None___ With help___ Alone but unsteady___ Full Independence___
FEEDING: No self care___ Bottle/cup only___ Hand Feeds___ Spoon feeds___
Fork/knife___
DRESSING: None___ With help___ Alone except for closures___ Alone___
TOILETING: No self care___ Needs some help with clothing___
Complete self care___

LANGUAGE DEVELOPMENT (answer yes or no)

Obeys simple commands___ Uses short phrases___ Uses good sentences___
Parents understand him/her___ Most people understand him/her___
Has good speech___

SOCIAL SKILLS (answer yes or no)

Has tantrums or temper fits___ Generally happy___ Often depressed___
Plays well alone___ Plays well with others___
Can be trusted to avoid dangers___ Can be sent on simple errands___

List any special equipment needed by the child (state where and when used):

_____
_____
_____
_____

Does the child have any problems with (check where appropriate):

Feeding self___ Drooling___ Understanding what is wanted___
Seeing___ Hearing___ Self locomotion___ Fear of strangers___
Choking on food___ Remembering toileting needs___
Frequent infections of: ears___ eyes___ throat___ bronchii___ other___
Special food prefences: _____
_____

Food dislikes and/or allergies: _____

_____

_____

Activities child especially likes: _____

_____

Special fears or dislikes: _____

_____

What is/are the biggest problems(s) or concern(s) in caring for the child? ____

_____

_____

_____

_____

_____

_____

_____

_____

Describe any educational programs or ancillary services in which the child is currently enrolled. Include agency name, description of service, and frequency of contacts:

_____

_____

_____

_____

_____

_____

_____

_____

Source: IMPACT Child Care Project, Ft. Myers, Florida

PARENT INVOLVEMENT

Interaction and cooperation between the child care center and the family are very important. Parents share their expectations, standards, and ingredients of family life with the teachers. The teachers share knowledge, skills, and an understanding of needs and goals with the parents. Their common concern is the well-rounded development of the child.

The following are suggestions to foster home-school cooperation:

1. home visits by the teachers
2. visits to the center by parents and children at times when the center is not in session, such as in the evening and on Saturday
3. visits by a few parents at a time for observation or participation and discussion (perhaps on a parent's day off)
4. individual conferences
5. individual telephone calls
6. use of resource people, especially fathers
7. actively involve parents in special events or celebrations at the center (holiday celebrations, birthdays, open house, etc.)
8. Saturday workshops in which parents and children help repair toys or work on a common project
9. establishment of a parent advisory council for the center, through which parents can work with teachers to set goals for the children
10. organization of a check-out library of books, toys, games, and records for children and parents; children could select activities which they would like to take home and share with parents over the weekend

Source: Sim Lesser, Professor, Early Childhood Education Department, Miami-Dade Community College, South Campus, Miami, Florida

COMMUNICATION WITH PARENTS
ROLE PLAYING

These role playing scenarios are designed to make it easier for child care personnel to talk about the feelings of parents who have chidren with special needs.

Directions

- Keep it simple! Each should last only a few minutes.
- Child care personnel may do all or only a few of the role plays. However, be sure to cover issues of client confidentiality, the need for positive staff attitudes toward mainstreaming, and the responsibility of child care personnel to be clear about the types of special needs they are willing to accomdate.
- It's a good idea to choose a confederate (helper) and demonstrate one of the role plays yourselves, then let participants take over your roles.

1A You are a child care center director who has decided to enroll children who have physical disabilities in your center. A parent approaches you, concerned that her child will get less attention because a boy in the class has Cerebral Palsy (CP).

1B You are a mother of a 2½ year old, and you've just noticed that a new boy in your daughter's class can't walk, and seems disabled. You are worried that your child will get less attention becuase of the new boy's presence in her class. Be sure to talk about all your concerns.

2A You are a classroom teacher, and a 12 month old child with Down Syndrome is in your room. As you hand a child over to his parent at the end of the day, the parent says, "Who's that new baby? Is he retarded? Be sure to respect the rights to confidentiality when you answer.

2B You are the parent of a 12 month old. You've seen a new baby in your child's class who looks different. You'd like to ask about him, but you don't know how. As your child is handed over to you, you blurt out, "Who's that new baby? Is he retarded?"

3A You are the working parent of a 3 year old girl, who is blind and has been cared for in home day care since she was a year old. She is potty trained, feeds herself well, and is cognitively normal. Your home day care mom is moving away, and you and your child's early intervention center would like her to attend preschool or a child care center for a while before she attends public school. To your surprise, you've been turned down cold by two centers. You've requested an interview with a third center.

3B You are a child care center director, having an interview with the parent of a 3 year old girl who is blind. You would like to take her in your center, but you have some concerns. Ask her parent about toileting, feeding, and dressing skills, social interaction, play preferences, etc. Reach a decision about placement.

Source: IMPACT Child Care Project, Ft. Myers, Florida

COMMONALITIES FOR ALL CHILDREN

Whether you work with so-called "normal" children or with children having "special needs" in child care, there are more ways in which all children are the same than ways in which they are different. Needs are basic — only ways of meeting them may differ.

The following suggestions are given to help in working with all children:

- Adapt the environment or situation so that each child can be part of the group in any activity.
- Be a good language model.
- Care for children rather than always taking care of them.
- Encourage children to verbalize needs rather than anticipating them. In a situation where there is some problem in relation to other children, help them to use a verbal rather than physical approach.
- Encourage free physical movement.
- Expect the standards of courtesy and waiting expected of all children. A disability is not to be used to take advantage of the rights of others.
- Give all children the opportunity to help others.
- Give children plenty or opportunities to express themselves. Listen, give them time to talk by waiting for responses and try not to answer for them.
- Respect the contributions and opinions of all children.
- Show children what is expected of them before asking them to do it.
- Talk about what is going on to help children not only look, but to see as well.
- Use concrete experiences and activities and sensory art activities to encourage increased ability in both fine and gross motor activites.
- Work for increased communication with children and praise children for each success. Remember that receptive language always precedes expressive language.

Source: Children Can't Wait, Early Intervention Guide

WHEN YOU CARE FOR HANDICAPPED CHILDREN

PREPARED BY SEDL
SOUTHWEST EDUCATIONAL DEVELOPMENT LABORATORY
SPECIAL PROJECTS DIVISION

Children who misbehave need help in learning to control themselves and to choose appropriate behavior. They must be provided with opportunities to practice choosing to behave in an acceptable way.

Although children need to learn control, they should also learn not to be afraid of losing control once in a while. Occasional loss of control provides them opportunities to learn to handle aggressive feelings in positive ways. It is our responsibility as adults to assure the children that at these times we are there to help them find appropriate ways to act. We must remember that learning self-control and appropriate behavior is a gradual process for children. Caregivers can influence a child to behave in more socially acceptable ways.

When behavior problems do come up, be prepared to handle them right away. Remember that children misbehave to gain attention, demonstrate power, express inadequacy and disappointment and as a reaction to unfairness. **When a child misbehaves you need to observe the child** to determine the possible causes of the behavior:

- What happened before the behavior?
- What happened afterward?
- What did the child get out of it?

Sometimes you can determine that the child is having problems because of an activity that is too difficult or too easy, or because a material is unworkable or too difficult. In this case, simply change the activity or show the child how to use the material or do the activity. If the behavior continues, look at other intervention techniques: rewarding, ignoring, and timeouts. These are techniques that eliminate the behavior without hurting the child emotionally or physically.

HANDLING BEHAVIOR PROBLEMS

Even with the best planning, misbehavior does occur. Quarreling among children is one of the most common problems with which caregivers must deal. An excessively quarrelsome child is usually unhappy, angry or frightened. You can help such child by being understanding and accepting of the child, by fostering the child's friendship with other children, and by providing constructive channels for the child's unhappy, frightened or angry feelings.

Sometimes certain children will take advantage of other children who are smaller or more timid. A child who is aggressive toward other children can develop into an unhappy, unpopular bully. Such a child needs to learn that he or she cannot continue to hit, bite or push other children, that this behavior is unacceptable and will not be tolerated. Children who are the victims of aggressive children need encouragement to face up to aggressions and if necessary to retaliate. Children need to be taught that when they get into a fight and things become unmanageable and they cannot solve their problem alone, that you are going to intervene. Children rely on adult support in managing their behavior until they can manage on their own.

REWARDS

Everyone likes to be rewarded, adults as well as children. For adults, a word of praise or recognition, or just the inner knowledge of accomplishment is usually enough. However, rewards often need to be more specific for children.

You can reward the behavior in a child that you want repeated, and should ignore the behavior that you don't want repeated. A reward can be in the form of praise, or recognition in front of others. **Rewards are used to encourage behavior that you want to see more often.** You can reward a child in many different ways. By observing children you can see which rewards are the most meaningful for them. When you have determined which rewards work best with a child, those are the ones to use to get the best results.

Do not use foods, especially candy, as a reward. When foods are used with one or two children, it tends to create problems. It can cause children who do not misbehave to misbehave in order to earn food. **For sound nutrition and health reasons candy should not be used.**

REWARDS TO USE WITH CHILDREN

Non-Verbal

- Smiling
- Grinning
- Laughing
- Nodding
- Winking
- Looking Interested or Surprised

Physical Contact

- Hugging
- Touching
- Holding
- Patting
- Kissing
- Shaking Hands

Activity Rewards

- Helping caregiver
- Being leader
- Listening to records
- Free time
- Extra time outdoors
- Field trips
- Extra time at favorite activity

Tangible Rewards

- Happy faces in chart
- Stars
- Tokens (such as chips, beads, or other small objects for the child to collect)

Choosing a Reward

When you want to see an appropriate behavior occur often, you need to reward the child by using one of the above rewards. Two things are important to remember when choosing a reward for a child:

1. The reward should be motivating. Children are individuals and each child may prefer different rewards.
2. Choose a reward that is easily accessible and would be commonly found in your day home or center. Often, the best rewards are your attention, praise, and hugs.

Begin by observing the children and finding out what they like. Try to choose a reward that helps the child. For example, giving a child five extra minutes in a block area for sitting quietly during storytime is a good reward for a child who especially likes block building and also needs to improve eye-hand coordination.

Using a Reward

Once you have chosen a reward, it is time to begin using it.

1. Look at the behavior you want to increase. **Count the number of times the behavior is happening.** It is not necessary to spend all day observing a child and counting the number of times the behavior happens. Fifteen or twenty minutes could be enough time. Write down the number of times the behavior has occurred. Do this for several days.
2. After you know how often the inappropriate behavior occurs, you can **begin using a reward immediately after a desirable behavior** you would like to increase or substitute for the inappropriate one. Keep counting the number of times the undesirable behavior is occuring.
3. If the reward is affecting the child's behavior, the desirable behavior will occur more often. REMEMBER, however, that behavior does not change immediately. **Use the reward for several days.**

When Using a Reward, Remember to:

1. Reward the child immediately after the appropriate behavior.

2. Use the reward consistently. If you reward the child once, forget the second time, and then reward the third time, it will not be effective.

3. Use social praise along with the reward. For example, along with five extra minutes outdoors, praise the child in front of the group.

4. Be specific when you reinforce the child. Example: "I like the way you are playing with those blocks."

5. Reward and praise the child for only the behavior you are trying to change. Do not confuse the child by praising and reprimanding at the same time. For example, "I like the way you are playing with the blocks, but don't take Joey's blocks away from him."

If you find that the reward you have chosen is not working, find another reward. Be sure that you select a reward that interests the child. As the child begins working for a reward, use praise or the social rewards at the same time. Your goal should be to have the child working for social rewards such as praise, attention, hugs, and touching. You will find that social rewards will become all you will need to reinforce the child's behavior.

If there is a child in a day home or center who has a behavior that needs to be decreased, ignore the child when the inappropriate behavior is shown. Or remove the child from all attention and reinforcement by isolating the child for a while. When you isolate the child you give the child **time-out** so the child will regain control.

Attention is a powerful reward. Everyone wants attention from others, whether it's being looked at, talked to, or listened to. Children will work for attention. Children will behave in positive as well as in undesirable ways in order to get attention. It is very important to use your attention—hugs, praise, smiles—to reward the children in your care.

SCHEDULING

Each day you need a definite plan or master schedule of activities. This helps you have a clear-cut direction for the day. It also helps you know what has been accomplished that day so you can plan for the next day. In planning your daily schedule, there are some helpful points to remember.

PLANNING A DAILY SCHEDULE

1. **Provide a variety of activities each day.**

   Plan a variety of activities: independent (free choice), small-group, large-group and individual, teacher-directed. A variety of activities maintains the interest of the children. When a specially planned activity is necessary for a handicapped child, schedule a specific time to work with the child during the day.

2. **Provide activities that are appropriate for the level of functioning of the child.**

   Make sure that the child experiences success, especially if the child is handicapped. Provide challenging activities that hold a child's interest. Frustration and boredom can lead to disruptive behavior or behavior problems.

HOLD THE CHILD'S INTEREST

A task can be very frustrating if it is too difficult for a child. A task can be very boring if it is too easy. Start with activities that you know a child can do successfully. Then gradually increase the level of difficulty of the activities.

3. Provide a balance of quiet and active experiences.

When activities are not balanced, there are more opportunities for children to misbehave. Even adults have a difficult time sitting for long periods of time. Imagine how difficult it is for a child to sit through storytelling, a manipulative activity, and then another quiet activity. Too much sitting causes children to fidget and become restless.

Plan active periods, such as outdoor play or indoor group movement games, to follow quiet activities. Remember, though, that some handicapped children have difficulty in slowing down or quieting after vigorous activities.

4. Be consistent in the day-to-day routine.

Children feel more secure and independent when their environment is predictable: they need to know what will happen next, what they can do independently, and when they can do the activities.

5. Prepare the children for activity changes.

Establishing a signal for changing activities, going outside, or eating lunch helps children make a change more easily. Some signals which teachers have used successfully include clapping hands, blinking lights, or ringing a small bell. Decide on a signal you prefer, and signal the children before changing to a different activity. This will help make transitions smoother.

6. Plan for transitional periods.

Behavior problems often occur between activities or when changing from one activity to another. After you have planned the daily schedule, plan for transition periods. Sitting and waiting causes children to become restless, so you and other adults need to have several different short activities ready for transition periods. Finger play songs, listening games, or games such as naming objects or colors in the room can be used during the times you are waiting for all the children to gather together.

Help the children learn to make a change or transition from one activity to another **independently of your help.** Name tags for the different centers, color-coded centers and tags, a planning board, or individual activity folders can be used by children for movement from one activity to the next.

There should be a room in the day home or an area in the center that has activities for children who finish tasks faster than others. Not all children work at the same rate.

> In scheduling or drawing up a master plan for the center or day home, keep in mind the Individualized Plan you have prepared for each child. See the chapter on **Individual Plans** for more information.

ESTABLISH RULES

Day home mothers and center caregivers should set up rules for their particular setting. The rules are guidelines that tell children how to behave in certain situations. Rules should be reasonable, definable and enforceable. The following are guidelines for setting up rules.

GUIDELINES FOR SETTING UP RULES

1. Rules Should Be Specific.

When rules are specific, clearly defined, and explained beforehand, they are easier for children to follow.

MAKE RULES CLEAR

"After you play with the puzzles, you must return them to the shelf. Then other children can use them."

is better than

"Put up the things on the table."

"We will go outside in a few minutes. Remember that blocks are always put away on the shelf, so that no one will fall over them."

is better than

"Hurry up and get the stuff off the floor."

Rules also make it easier for you to observe the children and to tell if the rules are being followed.

2. Limit the Number of Rules.

Rules should cover important behaviors. Limit the number of rules you are introducing and teaching to no more than five at one time. After the children have learned safety rules, you can gradually add other rules.

For children who have difficulty remembering, you may have to be very limited in choosing the rules to teach. For some children, you may be able to teach only one or two rules at a time. If you establish too many rules, it is very difficult for children to follow them and it will be equally difficult for you to enforce them. An example of four rules are:

1. Stay within boundaries on the playground.
2. Wash hands after going to the restroom.
3. Put toys away after you finish playing.
4. Play with blocks in block area, water toys in water center, etc.

3. Use Positive Rules.

Avoid rules that begin with "Don't" or "Do Not." These rules do not teach the child what to do, only what not to do.

USE POSITIVE RULES

"Sit quietly while every one gets ready and we can go outside."

is better than

"Don't talk so much or we won't go outside."

4. Discuss the Rules.

Discuss the rules with the children so that they know what the rules mean and what you expect. Explain the consequences if they do not follow the rules.

DISCUSS RULES

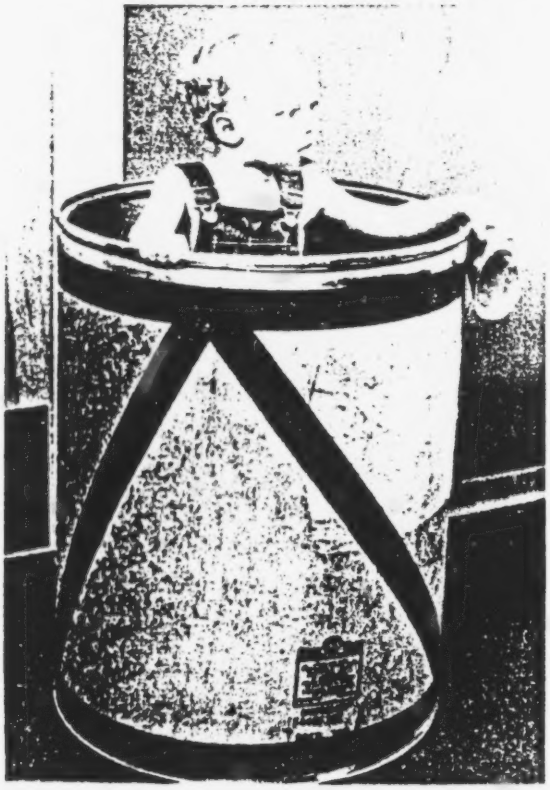
"You must replace the puzzles on the shelf when you're finished. Someone else may want to use them. If you do not replace the puzzles, you may not use them for the rest of the morning."

5. Follow the Rules.

Once rules have been established, it is very important to enforce them consistently. Children will test the (rules) limits. So be consistent in enforcing the rules if you want childen to follow them.

6. Rules Can Be Changed.

As the children learn to follow the rules you will need the rules less often. If you find that a rule you have established needs to be changed, do so. But explain the change to the children. Otherwise the children will be confused about what you expect.



IGNORING

If a child is misbehaving, try ignoring the child when the misbehavior occurs. Do not look at the child or talk to the child. When the child stops the behavior, give the child attention. Many times when you ignore behavior, the behavior will decrease. **Attention of any type reinforces problem behavior.** If you think a child is receiving attention for misbehavior, respond to the child immediately **after** the behavior is stopped. Do not respond at other times.

A child who throws tantrums will cry louder and longer when you pay attention to the tantrum. Being ignored helps the child to see that crying and kicking are not getting any attention from the adult. The tantrums will become shorter and may even disappear.

Ignoring undesirable behavior and using time-out are two intervention techniques that can be used with children to increase desirable behaviors and to decrease undesirable ones. There are other techniques that can be used with children who misbehave. However, if a caregiver understands why children misbehave and tries to meet their emotional needs, establishes a positive atmosphere, uses space and materials wisely, and introduces materials to children, it may not be necessary to use other means of intervention.

If there is a child in a day home or center who has behaviors that you cannot manage, it would be beneficial for you to consult the center supervisor. This gives you an opportunity to get another opinion and determine if you have been objective about the child or the behavior.

TIME-OUT

Another way to stop behaviors is to use a "time-out." This is a method of removing the child from all positive attention and reinforcement.

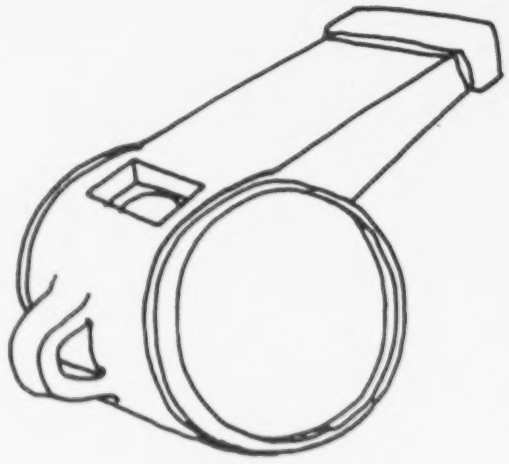
A corner in the room, a space near shelves, or a chair against the wall can be used for "time-out." It should be clearly visible to the caregiver and always in the same room as the adult. It is a place that is not interesting and is away from all of the fun activities. Often, a timer is used to limit the amount of time spent in time-out. **Five minutes is long enough for preschoolers.**

Never forget a child in time-out. Do not use a closet or remove the child from adult supervision. Time-out is not used to frighten the child.

Once you have a time-out place, remember to use it for certain behaviors only. It should not be the place to send children every time they misbehave. The effectiveness of special isolation depends partly upon its being used once in a while. The less it is used, the more effective it will be.

USE TIME-OUT ONLY WHEN THE CHILD IS:

1. Hurting him or herself or another person.
2. Destroying property.
3. So disrupting that you cannot successfully supervise the child and the other children.



TIME-OUT SHOULD BE USED ONLY WHEN EVERYTHING ELSE FAILS!

There are several steps to follow in using time-out to manage behavior.

1. Explain to the child what the inappropriate behavior is: "Joe, you have been hitting Mary. You have to go into time-out. When the time is up, you may come out." Never leave a preschooler in time-out more than five minutes.
2. Talk to the child in a calm voice. Do not scold; try not to show anger.
3. Tell the child to go to time-out immediately.
4. Ignore the child during time-out.
5. When the child comes back, do not talk about what the child did in time-out. Pay as little attention as possible to time-out.
6. Reinforce the positive, desirable behaviors of the child during subsequent activities.

CARING FOR CHILDREN WITH HEARING AND COMMUNICATION DISORDERS

TERMS YOU SHOULD KNOW

Hearing Impairement (Hard of Hearing, Deaf)
Sensorineural Hearing Loss
Total Communication Program
Hearing Aid
Sign Language
Communication Disorder
Conductive Hearing Loss
Sign Language
Speech Therapist/ Pathologist

MAINSTREAMING AWARENESS ACTIVITIES

- **What did I say?**

  Child care worker has children put fingers in their ears. Child care worker gives directions or says a simple sentence. Children do or repeat what adult says. Discuss why it was difficult and how it relates to children who are hard of hearing. Increase difficulty by putting hand over adult's mouth, "muffling" the sound - a truer representation of stable (sensorineural) hearing loss.

- **No talk!**

  Child care worker "mouths" simple directions without voice such as "stand up" "sit down", "come here", "touch your nose", etc. Children perform the action. Discuss why it was so hard. Relate to hearing impairment.

- **Monkey talk:**

  Child care worker strings nonsense syllables together with pitch and inflection, but without meaningful words. Children determine happy, surprised, angry, sad, sleepy, etc.

GENERAL SUGGESTIONS FOR INFANTS WHO ARE HARD OF HEARING INCLUDE:

- Provide toys in the enironment which produce a wide variety of noises.
- Adults should continue to use good inflection, tone, intensity --Don't stop talking!
- Call attention to sounds in the environment.
- Face-to-face contact with children is very important while you are speaking.

GENERAL GUIDELINES FOR TEACHERS:

1. If children in your class are curious about the child who is hearing impaired discuss or demonstrate in a calm, warm, accepting manner, what a hearing loss and hearing aid are.

2. The child who is hearing impaired should be seated so that his or her best hearing ear is closer to the teacher or speaker.

3. For group activities have the child sit where he or she can easily see your face, and where the child is not looking into the light or shadows.

4. Speak with normal speed and loudness, and do NOT exaggerate lip movement when talking.

5. Make sure the child is attending to your voice and face when you are talking. Use your voice first when getting the child's attention, then use a buddy or touch him or her if necessary.

6. Some children in your class may not speak clearly. Repeat what a child in the class has said if the child who is hearing impaired did not understand it.

7. If you are not sure the child has heard you, ask him or her to repeat what you said. Do not ask a yes or no question such as, "Do you understand this?"

8. Check the child's hearing aids each morning and afternoon. (See resource sheet, # 14 , "Information on Hearing Aids".

9. Encourage the child who is hearing impaired to move quietly to a new position in the room, if it will help him or her hear the speaker more clearly.

10. Plan your day so the child who is hearing impaired can alternate between activities which require listening, and those that do not. This will keep the child from tiring quickly.

11. When you read to children in the class, be careful to hold the book in such a way that is does not hide your lips from the child who has a hearing impairment.

12. Assign a "buddy" to assist the child who is hearing impaired when necessary, but expect the child to be responsible for things he or she can do.

PLAY ACTIVITIES FOR ALL CHILDREN

- **Call my name!**

  Children divide in two lines. One line turns their backs on line 2. Line 2 children whisper line 1 children's names. Line 1 children turn when called. (Increase difficulty by distance between two lines.)

- **Where am I?**

  Several children hide. The others in a circle listen. Hiding children call circle childrens' name. Child named runs and finds child who calls.

- **What I saw**

  One child is "it" and says "on my way to school today, I saw a _____", then makes a noise corresponding to the item seen. Children take turns guessing the answers. The child who guesses the right answer is "it" next.

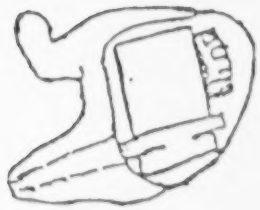
- **Play Games or Sing Songs** that require a great deal of repetition, or have children repeating what you say. For example: "The Farmer In the Dell", "Did You Ever See a Lassie".

- **Repeat** familiar nursery rhymes, leaving off the last word of a line. Ask children to "fill it in".

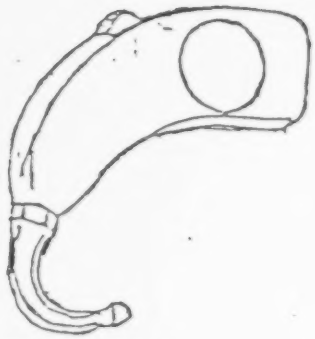
- Use **Picture Story Books** without words, and let children take turns telling the story.

Source: IMPACT Child Care Project, Ft. Myers, Florida

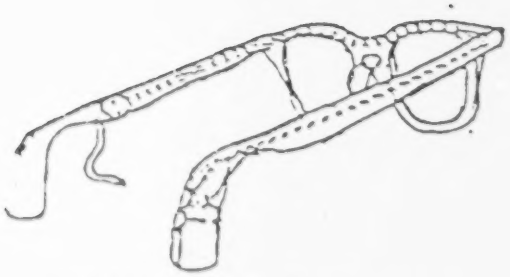
TYPES OF HEARING AIDS



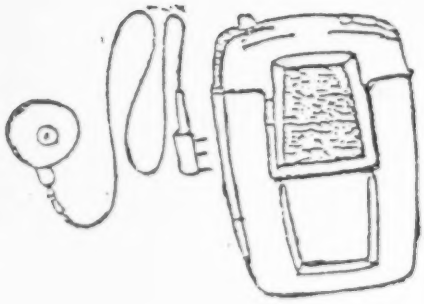
In-the-ear-Aid



Ear Level Aid



Aid Attached to Eyeglasses



Body Aid

- The hearing aid assists the child by making sounds louder. Typically the better ear is aided, and the aid is adjusted to make the most of the child's hearing potential.
- Depending on the nature and degree of hearing loss, the aid may or may not be of sufficient benefit to the child that he/she is able to understand all words. Many words may be only partially understandable to the child.

Source: Lee and Pinellas County School Systems

CARE OF THE HEARING AID

If the child is wearing a hearing aid appropriate care and maintenance of the hearing aid is essential if the child is to derive maximum benefit from its use. The following are some procedures which will assist you in determing if the aid is functioning properly:

a. Check the aid to determine if it is turned on. The child may be wearing the aid but not have it turned on. The child may turn it off throughout the day.

b. Check the volume setting to see if it is appropriate. The child may have set it too low. The appropriate volume level may be obtained from the child's parents.

c. Check the "selector switch." It should be pushed to the side that has microphone (M) rather than telephone (T).

d. If you are not sure if the aid is functioning appropriately, take it out of the child's ear and listen through it yourself. The signal should be loud and clear (no static).

e. Periodically check the cords and receiver for wear.

f. Periodically check to make sure that there is no wax building up in the earmold.

g. Check for corrosion around the battery. If any sign of corrosion, replace immediately. Extra batteries should be kept at school as immediate replacements for worn out batteries. Most batteries last only five to seven days.

h. If you hear a high-pitched squeal coming from the hearing aid, readjust the earmold in the child's ear. If the squealing persists, ask the parents to have the aid evaluated. Growing children need periodic changes in earmold size due to their rapid growth.

i. Turn the hearing aid off before you take it out of the ear. If you don't, it will squeal.

Source: Lee and Pinellas County School Systems

CARING FOR CHILDREN WITH MENTAL RETARDATION

TERMS YOU SHOULD KNOW

Mental Retardation (Mild, Moderate and Severe)
Special Education
Down Syndrome
Adaptive Behavior
Task Analysis

MAINSTREAMING AWARENESS ACTIVITIES

- Ask participants to draw a dodecahedron (12-side figure). Discuss the experience of being asked to do a task when it is beyond you.

- Ask students if they have ever enrolled in a class that was too hard for them, attended a party where nearly everyone else spoke spanish, or attempted to learn a difficult new skill, such as breakdancing. Discuss the feelings and self-confidence levels they felt in these situations and relate to learners who are mentally retarded (MR).

- For preschoolers hold up a ball and ask a series of questions about it, gradually increasing the level of difficulty. For example: What is it? What color is it? What do we do with it? What is it made of? What kind of store does it come from? Discuss HARD vs EASY questions and tasks.

GENERAL GUIDELINES FOR TEACHERS

In general children who are mildly and moderatly retarded learn the same things as all children, but at a slower pace. They may be slower only in thinking skills, or in walking, communicating, and interacting with others too.

1. **Let the child proceed at his or her own pace.** Don't hurry children who are retarded whether in finishing a puzzle or a meal, or in making transitions from one activity to another. Hurrying often results in tantrums and feelings of failure in the child. To ease transitions, try giving a warning cue, such as turning the lights on and off just before it's time to put away an activity, or playing a particular "pick up toys" record.

2. **Keep your activities and instructions simple.** Use few words and speak clearly. When the group activity is too hard for a child, give him or her a similar but easier task. For example, the child might complete a simple puzzle while the rest of the class does jigsaw puzzles, or hold the bowl while others measure water into it.

3. **Identify prerequisite sub-skills.** Sometimes a child who is mentally retarded can't learn a task because he or she can't do the necessary earlier skills. If the child can't walk on a balance beam, find out if he or she can walk on a line on the ground, then give lots of practice at the simpler level of the skill.

4. **Teach each step of a task (Task Analysis)** Most children can learn many complex tasks by observing others. While children who are mentally retarded do learn by observation of children and adults, they usually have to be shown and led through each specific task before it can be learned. For example, when completing a Fisher Price Shape Sorter, many children first sort the pieces into circles, squares, triangles and rectangles, then put in all the circles, then all the squares, etc. Children with MR may need to be taught each step along the way. Teaching one step may take several days of repetition, where a child who is not mentally retarded would pick it up in one or two demonstrations. It is often easier to teach the last step first, then work backwards. This is called backward chaining. For example, you might sort puzzle pieces by shapes, then say, "Put in all the circles, Susie!" After Susie learns to put in the shapes one at a time, the task of sorting by shape can be taught.

5. **Buddies** With children 2 years old and older, pairing a child who has MR with a buddy can be very useful to both children. For example, a 2 year old can hold his or her buddy's hand (who has Down Syndrome) and show him or her where the lunchroom is. A 3 year old can help his or her buddy put his or her crayons back in the box. A 4 year old can identify transition times for his or her buddy - "Joey, hear the bell? Time to sit in a circle!" Be careful not to overwork a particular buddy.

SIMPLE ADAPATIONS FOR THE CLASSROOM

- If a child who is mentally retarded is mainstreamed with same-aged peers, borrow parallel-skill toys from a younger classroom. Have one simpler toy on hand for each general area of skills: a simple puzzle for fine-motor skills, larger crayons for coloring time, etc.

Source: IMPACT Child Care Project, Ft. Myers, Florida

Task Analysis

Task analysis is a teaching technique you may already know about. It works particularly well with children who are mentally retarded. The technique calls for breaking a task (activity) down into small sequential steps and teaching each step until the child can do the whole thing. For example, if Mara is having trouble learning to put her T-shirt on, her teacher can break the task down into the following smaller steps:

Lay the shirt flat on a table with the back up and the bottom toward the child.

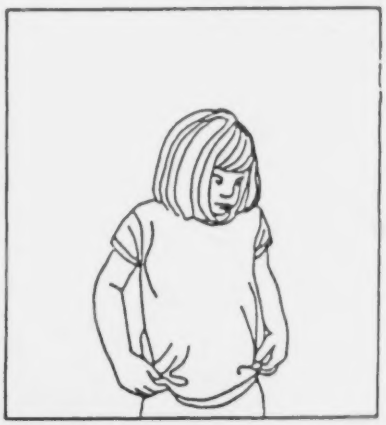
Put both arms inside the shirt.

Move both arms along the sides of the shirt to the armholes.

Lift the shirt up so the neck hole is on top of the head.

Pull the neck hole down over the head.

Pull the bottom of the shirt down from the armpits to the chest.



Pull the bottom of the shirt down from the chest to the waist.

Source: Headstart, Mainstreaming Preschoolers Series

CARING FOR CHILDREN WITH VISUAL IMPAIRMENTS

TERMS YOU SHOULD KNOW

Visually Impaired	Partially Sighted	Legally Blind
Blind	Ophthalmologist	Orientation and Mobility Specialist
Braille		

MAINSTREAMING AWARENESS ACTIVITIES

- Have children wear dark glasses, blindfolds, or an amblyosis patch over one eye for the first 5 minutes of the teaching session.

- Discuss reasons why children who are visually impaired may be slower in motor development.

GENERAL GUIDELINES FOR TEACHERS

1. Talk, Talk, Talk! Describe not only what you see and hear, but what you're doing, as well, to the child who is blind. Explain all new experiences and tasks, such as a field trip, ahead of time. Especially, warn of painful events, like removal of a bandaid.

2. When at all possible, give the child hands on experience with everyday events. Let him or her feel a refrigerator open, go with you as you get art materials for a project, touch a phone as it's ringing. Provide actual experiences.

3. Models or miniatures are not good toys for children who are Visually Impaired (VI). A stuffed dog doesn't resemble a wiggling puppy except in looks.

4. Bring the world to the child, with words, sounds, movements, and objects to touch.

5. Give lots of feedback. If the baby swipes at a toy and doesn't hit it, how will the child know how close he or she came unless you tell him or her?

6. Never do anything for a child who is blind if you can think of a way to teach him or her to do it for himself or herself.

7. During meal times, choose a standard arrangement for food on the plate and dishes on the table, and stick to it. For example, place sandwich to the right, chips to the left, cup to the right of the plate, etc.

8. Help the child put parts together to make a whole.

9. When children who are blind attend preschool or child care for the first time, they may never have touched or played with children their own age.

   Firmly encourage and promote as much interaction and touch as possible hand-holding, toy sharing, interactive ball-rolling, taking turns with peers.

PLAY ACTIVITIES FOR ALL CHILDREN

- Make a "feelie box". Take a large cardboard box with a lid. Cut a round hole in the side, just large enough for a hand to pass through. Fill it with small interesting objects - - a sponge, cotton ball, bean bag, spool of thread, etc. Have children reach in, pick up an object, and identify it without withdrawing hand. Same concept with scents and sounds. For younger children, provide play through all the senses by adding textured play: a sand table, buckets of rice or beans, water play.

- Encourage "body awareness" activities. The child who is blind will need to be taught the names and functions of all his or her body parts, and about the relationship of one object to another. Keep a running list, on a wall chart, of body parts the whole class can identify. Add to it often. Don't forget eye brow, eyelash, bridge of nose, ankle! Let the class identify under, over, in, next to, far, near, inside and outside.

SIMPLE ADAPTATIONS FOR THE CLASSROOM

- Keep room arrangements stable, and take the child who is visually impaired (VI) on a "tour" of any changes. Over 2 years old: add Braille lables on shelves, tables, walls, common objects. Make or buy a set of three-dimensional shaped letters and numbers. For infants, procure (make or buy) an attractive, interesting-to-touch, noisy toy. Keep it to encourage crawling and movement ("Come and get it!")

- For infants, keep some toys tethered to the floor or wall so that they're always in the same place. For example, fasten a toy phone to the wall for a "phone booth", or nail a busy box to a low wall. Make or buy a set of large, clear line drawings or pictures of common objects.

Source: IMPACT Child Care Project, Ft. Myers, Floirda

LEARNING CENTERS

Using well-planned learning centers is essential in working with handicapped children. They help you give handicapped children the individual attention they need and enable them to work independently. Learning centers will also provide areas for non-handicapped children to use independently while you work with the handicapped child.

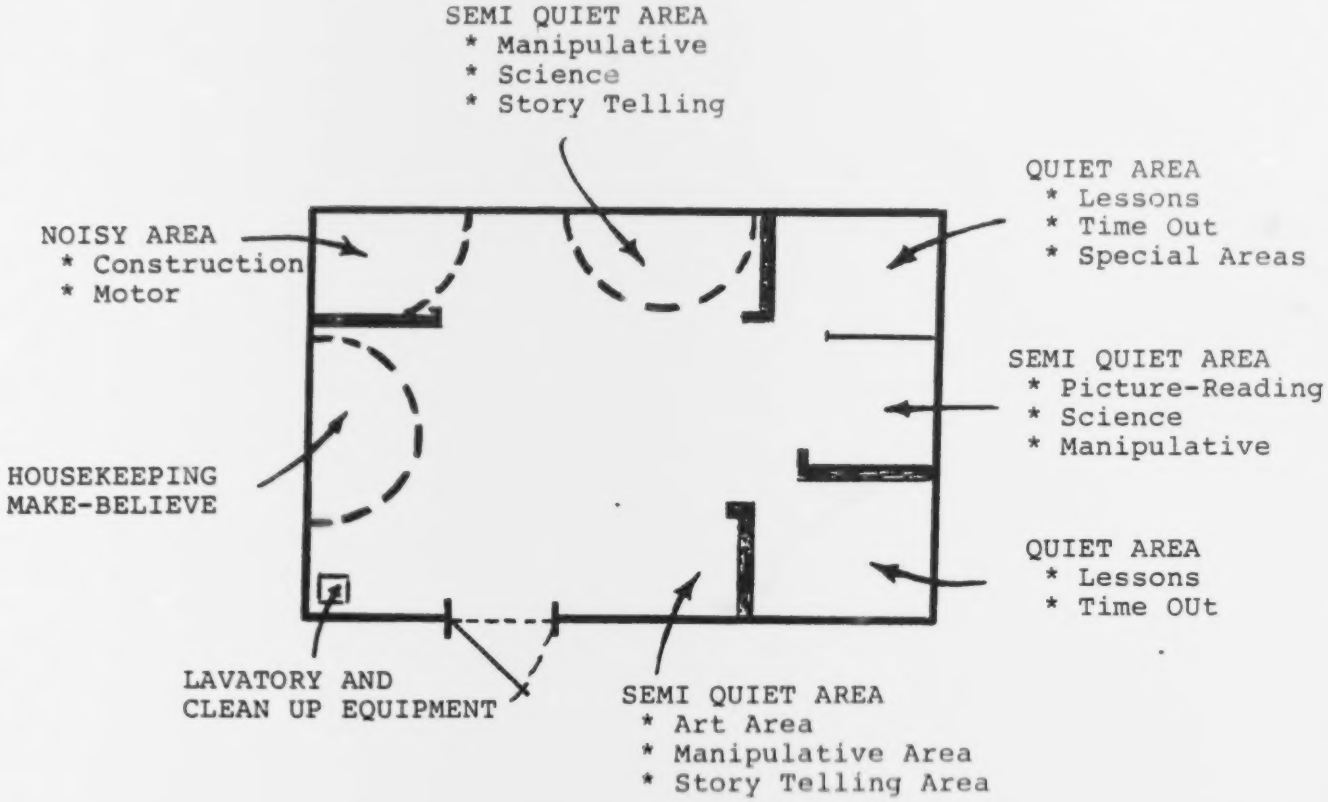
LEARNING CENTERS HELP CHILDREN:

- Focus attention on activities and learning.
- Organize their space and actions.
- Associate activities and equipment.
- Categorize materials.
- Use work space independently.
- Care for and clean up materials.

Each learning center or work area should have available a special set of materials and work opportunities daily for children. Learning centers include:

- Dramatic Play or Homemaking Area
- Book Area
- Manipulative Area
- Block Building or Construction Area
- Art Area
- Science Area
- Music Area
- Area for Motor Movement Activities
- Water Area

When you care for handicapped children you might need to allow extra space in learning centers for children who use walkers or for those who are confined to a wheelchair.



Source: When You Care for Handicapped Children

CARING FOR CHILDREN WITH MOVEMENT DISORDERS

TERMS YOU SHOULD KNOW

Cerebral Palsy	Muscle Tone	Spina Bifida
Orthopedic	Stabilization	Occupational Therapist (OT)
Physical Therapist (PT)		

MAINSTREAMING AWARNESS ACTIVITIES

- Ask preschoolers to do an activity with their less-preferred hand, or one-handed, or without using one leg.

- Older children: actually restrict movement by providing mittens or gloves with the thumb hole sewed shut, crutches or wheelchairs for an hour, one arm in a sling, or a splint on one leg.

GENERAL GUIDELINES FOR TEACHERS

1. Become informed. Contact OT, PT, or parent for specific teaching in operating crutches, special chairs, wedges, etc. Ask for help in fitting special exercise into daily caregiving routines.

2. Make or buy a set of "stablization" helpers and keep them available. Should include a stepstool, foot block, wide velcro-fastened belt, sticky mat or pan of sand for puzzles, outdoor quilt or mat for non-walking children, small pillows for propping and padding.

3. To help the child use a particular part of the body, be sure to stabilize the rest of the body. The child with Cerebral Palsy (CP) must be seated <u>securely</u> in order to use his or her hands to eat properly.

4. Answer other children's questions about the handicap, frankly and honestly. Don't be afraid to touch the affected limbs.

5. Many children with CP are on some kind of medications. Be sure to be aware of this, and watch for possible side effects.

6. Wrap handles of spoons or knobs on puzzles with foam rubber and tape for easier handling.

7. Carry children with Cerebral Palsy with legs bent - over the hip with one leg in front and the other behind the hip - straddled, with support of one arm around the back. Or, carry with legs bent as if in sitting position, supporting the legs.

8. Be aware that children with Spina Bifida probably have no feeling in their legs or feet. Be careful they do not sit on a hot car seat or place in the sun that might burn them. They would not feel it to tell you it is too hot. Also watch out for hot radiators, etc., or shoes that might pinch.

9. Children with Spina Bifida at the age when they ordinarily would be toilet trained probably won't be, because they very likely would not have the sensation of needing to potty. The mother will need to tell you if the child needs to be catherized for urination.

10. Be aware that children on crutches can be very easily tripped by children running - a problem that can be handled by planning ahead.

11. For feeding problems, suggest that parents contact an Occupational Therapist if they don't know what to do.

12. Adapt the room to the child: For example, when a child has to have support at the back in order to sit in a circle with a group, arrange the room so that there is a wall, corner, heavy bookcase, etc., that the child can have at his or her back for support so that he or she can be part of the group.

13. Let children with special needs try to do things for themselves whenever possible, with the least amount of help necessary, even if it would be easier to do it for him or her. If the children are all stamping their feet in a group activity, the child with special needs should be encouraged to do as much of it as he or she is able to do.

14. Children need to be changed from one position to another often, at least every 20 minutes, if they can't roll over or move around by themselves.

PLAY ACTIVITIES FOR ALL CHILDREN

- Set up an"obstacle course" in the classroom, at the level of the children. Babies might crawl over pillows or through a tunnel, while older children might have something more elaborate. Encourage controlled, directed, gross motor movement.

- Play games, such as "Simon Says" and "Mirror Play", which involve touching named parts of the body in imitation.

- Encourage all varieties of dancing and moving to music, to increase body awareness. For example, move slowly to quiet music before nap time, with a song such as Hap Palmer's "Smoke Drifts To The Sky". Teach relaxation skills to all of your children.

SIMPLE ADAPTATIONS FOR THE CLASSROOM

See handout, Simple Adapations.

Make sure that pathways between tables and shelves are wide enough for passage of a crawling child, wheelchair, or crutches.

Have on hand a large, waterproof mat, vinyl tablecloth, or similar for outdoor play for children who are non walkers.

Source: IMPACT Child Care Project, Ft. Myers, Florida and
United Cerebral Palsy, Panama City, Florida

Resource #20

CHILD CARE MANAGEMENT CONCERNS WHEN MAINSTREAMING CHILDREN WITH SPECIAL NEEDS

o **Parent**	o Complete information on child's needs. Primary source of information about child's disability. Agreement on services provided, conditions for evaluation of placement.
o **Resource Person From Agency Dealing With Identified Special Needs (Early Intervention Program, United Cerebral Palsy Clinic (UCP) (Association for Retarded Citizens (ARC),etc.)**	o With parents written permission, may provide more complete information on child's disability, in addition to inservice training to the child care facility.
	o Suggestions for adaptation of program and/or environment. Provision for coordination for special needs services, e.g., OT, PT, Speech Therapy.
	o Provisions for ongoing, regularly scheduled exchange of progress notes between various agencies serving the child with special needs and family.
o **Private Physician**	o With parent's written permission, can provide additional information on child's needs, direction of care, effects of medications, etc.
o **HRS/Zoning/Other Regulatory Agency**	o Regulations governing serving children with disabilities, with specific reference to safety and physical modifications.
o **Insurance Agent**	o Check for possible additional insurance requirments.
o **Lawyer**	o Clarify possible legal problems resulting from usual liability.
o **County Governing Board**	o Appraisal of modifications to physical plant which may be suggested or required, depending on the county.

Source: Sim Lesser, Professor, Early Childhood Education Department, Miami-Dade Community College, South Campus, Miami, Florida

Resource #21

EXCHANGE OF INFORMATION SHEET

Date: _____

I _____
Parent/Guardian

GIVE MY PERMISSION FOR:

_____ (Agency)

_____ (Agency)

_____ (Agency)

TO RELEASE THESE RECORDS ABOUT MY CHILD:

_____ _____
Name Birthdate

WHICH INCLUDE:

___ Medical/Dental

___ Psychological assessments

___ Educational, including class notes and teacher's observations

___ Educational, including HAB plan and IEP

TO: _____ **AND:** _____
Agency Child Care Provider

FOR THE PURPOSE OF: facilitating or maintaining my child's placement in center-based or home-based child care, and coordinating supportive services to my child and his or her child care center or provider.

_____
Parent/Guardian Date

_____
Agency Date

_____
Child Care Provider Date

Source: IMPACT Child Care Project, Ft. Myers, Florida

AN OPEN LETTER TO CHILD CARE PERSONNEL FROM JUDY O'HALLORAN

Our youngest son, Casey, was born with Down Syndrome, a chromosomal defect which occurs at conception and results in physical and mental delays. At four and a half, he is healthy, happy, handsome, independent, humorous, and energetic—just like his two brothers. This is due in part to genetics and in part to his environment. We expect a lot of him, and he rises to meet the challenges.

Casey has been involved with Impact, an early intervention program, since he was four weeks old. Along with this, he has been mainstreamed in three separate and different types of preschool/day care settings.

When Casey was almost three, we started the mainstreaming process. I wanted to be his primary teacher at that point, so I obtained a room at St. Andrew's Child Care Center to use three or four mornings a week. My "class" consisted of Casey and a friend's son who came with us to serve as a role model. Whenever Casey needed extra help, I would introduce the activity to Patrick while Casey watched. Then I would present the task to Casey. Because he had been involved with early developmental programs, there were even some activities in which Casey would serve as the role model.

We worked on cognitive and fine motor skills in the classroom. Then we would join the other two-year olds on the playground for gross motor activites and group play. Casey observed the children playing on the monkey bars, teeter totters, and slides, and tried to do everything they did. Every Friday morning, my mini-class assembled with all the other classes in the parish hall for music. Casey would enthusiastically join in with all the gestures.

The teachers went out of their way to include us in activities and to share materials with us. We truly felt a part of St. Andrew's.

At the end of that year, we decided Casey needed to be in a preschool setting with more children. We enrolled him on a full-time basis in the Montessori School of Ft. Myers because they have experience working with children with developmental disabilities and because they have an aide who, for a short period each morning, would work with Casey on an individual basis.

The Montessori method was ideal for Casey because he could work at his own pace in a classroom with children ages two to six. Unlike the traditional structured classroom, students work independently on activities of their own choice. One might think that this would lead to chaos, but it is, in fact, very quiet and very orderly.

In this atmosphere, Casey learned independence and self-control through observation of the other children. He wanted to do what they did. How exciting to watch Casey follow the Montessori structure: choosing an activity, carrying through, then returning his work to the shelf — all

on this own. Just like the other children!

This fall, after a year and a half at Montessori, Casey returned to the Impact preschool program. Although we were delighted with Montessori, we want to concentrate on more intensive remediation and speech therapy this year. We feel this will better prepare Casey for placement in the "least restricted environment" next year in public school.

Ideally, attending Impact in the mornings and Montessori in the afternoons would provide excellent mainstreaming opportunties, but family activities and transportation make this impractical.

Our solution came when the principal at Good Shepherd Lutheran School (where our other sons are in the third and sixth grades) offered to have Casey join one of the four-year old prekindergarten classes. What a thrill to have someone ask us instead of our asking them!

The prekindergarten class at Good Shepherd presents a challenge to Casey. All the children are four, and their skills are well developed. The classroom is conducted in the traditional structured manner with all the children working together on the same activities. This means Casey must listen attentively and use self-control.

Casey attends class on Friday mornings until noon. He then goes to day care where he has lunch and participates in various activities. At 1 P.M. he goes to a tumbling class, an optional afterschool activity.

After Casey's first day, his teacher told me "he acted just like all my other children." She complimented his listening skills and his behavior and said she felt "privileged to be his teacher."

I want desperately for you to know how important it is for these children to be around "normal" youngsters. Children learn from observation and imitation. It is, therefore, important, even crucial, that children with physical and mental delays be given every opportunity to associate with children who are engaging in age appropriate activities.

I want you to believe there is nothing to fear. I admit that it will take extra patience, love, - - and a positive attitude on your part to treat them like any other child-as an individual with strengths and weaknesses. But by doing so, you will surely learn that "no man stands so tall as when he stoops to help a child."

Your rewards will be great, and you can know in your heart that you have played a vital part in giving that child a brighter future!

Source: Judy O'Halloran, Parent, Ft. Myers, Florida;
Copyright ©1986, used by permission

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4. **Handling the Young Cerebral Palsied Child at Home;** Nancy R. Finnie, E.P. Dutton-Sunrise, Inc.

5. **Mainstreaming Works** slide/videotape; IMPACT Child Care Project, Ft. Myers, Florida and Children, Youth and Families Program Office, Florida Department of Health and Rehabilitative Services, May, 1986.

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7. Project Headstart: **Mainstreaming Preschoolers** Series; prepared by CRC Education and Human Development Inc; for U.S. Department of Health, Education and Welfare.

8. **Survey of Beliefs About Handicapped Children;** adapted by Highschool/ Preschool Partnership Program, Countryside High School, Pinellas County School Board; from Project FEED, Philadelphia, PA.

9. **When You Care For Handicapped Children;** prepared by Southwest Educational Development Laboratory (SEDL), for Texas Department of Human Resources.

SPECIAL NEEDS CHILD CARE TRAINING MODULE

COURSE EVALUATION

Please circle the number which best represents your desired answer:

1. The overall effectiveness of this training was:

1	2	3	4	5	6	7
very low						very high

2. The performance of the trainer(s) was:

1	2	3	4	5	6	7
poor						excellent

3. I have benefited from my attendance in this training:

1	2	3	4	5	6	7
very little						very much

4. I would like to have more time for:

a. ____ Working with children who have movement problems
b. ____ Working with children who have visual problems
c. ____ Working with children who are mentally retarded
d. ____ Working with children who have hearing and communication problems
e. ____ Other disabilities (list): _____
f. ____ Teaching techniques and adaptions for children with special needs
g. ____ Communicating and working with parents of children with special needs
h. ____ Managment issues concerning mainstreaming of children with special needs

5. I wish we have spent less time on:

a. ____ Distribution of handouts
b. ____ Unnessary paperwork
c. ____ Discussions
d. ____ Subject areas listed in question #4 (list): _____
_____

6. In this training I learned (or relearned):

7. _____ Location of Inservice Training _____ Instructor _____ Date